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## Child & Family Services Review (CFSR) Program Improvement Plan



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**Missouri Department of Social Services  
Children's Division  
Child and Family Services Program Improvement Plan**

This Program Improvement Plan (PIP) is the response of the Missouri Children's Division (CD) to the federal Child and Family Services Review (CFSR) conducted December 2003. The final report issued in March 2004 provided information on strengths and areas needing improvement for services provided by the Children's Division. The recommendations contained in the CFSR final report, coupled with over 100 recommendations from additional reviews by the Governor, legislators, judiciary and state auditor, provide the Children's Division with rich data to develop strategies for enhancing practice. The PIP was developed in partnership with numerous stakeholders including the Division of Youth Services, Office of State Courts Administrator, universities, service providers, child welfare colleagues, Department of Public Safety, Department of Elementary and Secondary Education and Department of Mental Health. The PIP will provide a framework for achieving systemic improvement in practice and ultimately improved outcomes for Missouri's children and families.

The March 2004 CFSR report provided information on both strengths and areas needing improvement as identified through case review, state self-assessment, and stakeholder interviews. The following is a brief summary of the strengths and areas for improvement as reported for each of the three outcome areas contained the review.

**SAFETY**

Strengths:

- Missouri's dual track system; and,
- Structured Decision Making and Confirming Safe Environments as positive improvements for assessing the risk of harm to the child.

Areas for Improvement:

- Consistency in the timely initiation of investigations;
- Reduction in the recurrence of maltreatment within a 6-month period;
- Improving access and delivery of services; and,
- Consistently addressing risk of harm.

**PERMANENCY**

Strengths:

- Preventing re-entry into foster care;
- Missouri's Resource Guide for Best Practice in Child Abuse and Neglect Cases;
- Stakeholder reports of worker commitment to ensuring children have sufficient visitation with parents and siblings; and,
- Stakeholder reports of concerted efforts to preserve family connections;

- Criminal background and child abuse and neglect checks prior to placement with relatives, as well as completion of competency-based training and home studies; and,
- Innovative initiatives designed to promote the relationship between parents and children.

Areas for Improvement:

- Consistency in assuring children's placement stability in foster care;
- Consistency and timeliness in establishing appropriate permanency goals;
- Adequacy of resources to meet child placement needs;
- Consistent, diligent search efforts for relatives as potential placement resources;
- Documentation of valid reasons for separating siblings;
- Increasing efforts to assure children's connection with extended family;
- Improving efforts to maintain relationships with non-custodial parents; and,
- Achieving children's permanency goals in a timely manner.

**WELL-BEING**

Strengths:

- A wide array of services throughout the state that include mental health, parent aide services (homemaker, supervising visits and transportation services), mentors, independent living services, parent education classes, transportation services, intensive in-home services and drug and alcohol services;
- Parent involvement in case planning for foster care cases;
- Concerted efforts to meet children's educational needs;
- 100 school-based social worker positions partially funded by the Children's Division in schools throughout Missouri;
- Meeting the physical health needs of children in foster care; and,
- The Systems of Care initiative focused on providing mental health services to children with serious mental health concerns without bringing them into residential care.

Areas for Improvement:

- Consistency in addressing families needs for services and/or provision of services;
- Availability and accessibility of needed services, especially in some areas of the state;
- Fully engaging parents and children in case planning;
- Frequency of worker visits to assure needs are met;
- Focusing worker visits on issues pertinent to case planning, service delivery, and goal attainment;
- Diligent efforts to meet children's educational needs – especially in in-home cases dealing with issues of truancy or educational neglect;
- Dental services for children; and,

- Assessment of mental health needs and provision of mental health services.

## KEY INFRASTRUCTURE IMPROVEMENT COMPONENTS

In addition to the federal Child and Family Services Review (CFSR), the Children's Division has undergone numerous audits and reviews in recent years, including a Council on Accreditation for Children and Families (COA) Self Study and preliminary COA site visit. These studies and reviews have produced consistent themes underscoring what is done well and where improvement is needed. In developing a plan of action to achieve the excellence we envision, the emergence of these consistent themes provided a foundation upon which to build. Key components were identified, which include: 1) an effective organizational structure; 2) circuit self assessment and strategic improvement; 3) professional development and practice enhancement; 4) improving service access and intentionality and 5) accountability, including data driven management.

### ORGANIZATIONAL STRUCTURE

Governor Bob Holden issued an executive order reorganizing the Department of Social Services effective August 28, 2003. The reorganization created a Children's Division by combining the Children Services Section of the former Division of Family Services with the Office of Early Childhood. The goal for establishing the new division was to improve the effectiveness and efficiency of the child welfare system by heightening the focus on children's issues within the agency and leveraging prevention investments to reduce abuse and neglect. The new organizational structure emphasizes supporting the work of front line staff. Leadership is committed to continuous quality improvement that builds on existing strengths to address areas of concern. The Division has undergone an extensive review of its organizational needs and is reorganizing with a focus on practice excellence that includes: 1) a clearly articulated vision and mission for the Division; 2) a new organizational structure that is aligned with judicial circuits and supports circuits through cross-functional teams at the state, regional, and local levels 3) strong partnerships with communities, courts, law enforcement and treatment providers; 4) high quality training for all staff; 5) a mentoring program for new staff; and 6) flexible funding to meet the unique needs of children and families.

The mission of the Children's Division has been affirmed as follows:

*The mission of the Children's Division is to partner with families and communities to protect children from abuse and neglect and to assure safety, permanency and well being for Missouri's children.*

The recently drafted guiding principles for the Division are:

- **PARTNERSHIP** - Families, communities and government share the responsibility to create safe, nurturing environments for families to raise their children. Only through working together can better outcomes be achieved.

- **PRACTICE** – The family is the basic building block of society and is irreplaceable. Building on their strengths, families are empowered to identify and access services that support, preserve and strengthen their functioning.
- **PREVENTION** – Families are supported through proactive, intentional activities that promote positive child development and prevent abuse and neglect.
- **PROTECTION** – Children have a right to be safe and live free from abuse and neglect.
- **PERMANENCY** – Children are entitled to enduring, nurturing relationships that provide a sense of family, stability and belonging.
- **PROFESSIONALISM** – Staff are valued, respected and supported throughout their career and in turn provide excellent service that values, respects and supports families.

Clearly articulating the Division's mission, guiding principles and practice model is foundational to building an infrastructure that supports practice excellence and results in improved outcomes for children and families.

### **CIRCUIT SELF-ASSESSMENT**

The new Children's Division is dedicated to practice excellence through continuous quality improvement. The CFSR final report underscored the fact that Missouri has sound child welfare policy. However, the report further revealed that a key issue for Missouri's system is achieving consistency in practice and application of policy. Variance was noted across circuits throughout the report.

From the beginning, Division leadership set a course for systemic improvement through self assessment and strategic planning. Leadership immediately began developing a process and protocols for individualized, circuit-based self assessment. The purpose of the self assessment is to provide a baseline for circuits with regard to their capacity, strengths, areas of need and performance. The assessment will serve as a basis for strategic planning to effect positive improvements toward measurable outcomes. The assessments will also identify needs for technical assistance, resources and support. Case reviews and outcomes monitoring will be continuous and will be conducted in conjunction with local community partners. Ongoing local committees may be established to provide independent community advice, advocacy, and accountability. These partners will help guide the Division toward its goal of imbedding best practice into the fabric of the organization to achieve safety, stability, permanency, and well-being for children and their families.

Potentially, local committee responsibilities would include:

- Support and monitor implementation and utilization of the case review process;
- Assist in the recruitment of case review participants;
- Receive, process, understand and analyze information, including,
  - Children's Division QA reports
  - Children's Division Peer Review Reports
  - Children's Division System Reports

- Other pertinent information;
- Solicit community input regarding quality/satisfaction of the service delivery (possible focus groups, surveys, etc. with providers, consumers, foster parents, and workers);
- Make recommendations to the Children's Division;
- Review response to recommendations;
- Monitor progress in implementation; and,
- Maintain confidentiality

The Circuit Self-Assessment, completed in August 2004 involved each circuit identifying their strengths and challenges in providing high quality, family-focused, child protection services. The self-assessment areas for evaluation include: 1) demographics; 2) circuit structure; 3) circuit staffing; 4) management; 5) CQI process; 6) personnel practices; 7) facilities; 8) juvenile court structure and relationships; 8) community partnering; 9) service array; 10) case work practice; 11) case work and documentation; 12) outcomes; 13) training needs; 14) circuit strengths and challenges.

As previously indicated, circuit self assessment will be followed by circuit strategic improvement planning. Each circuit will assess PIP identified data measures, monitor them on an ongoing basis, develop strategies to address areas needing improvement and access technical assistance as needed through Practice Enhancement Teams. Practice Enhancement Teams will include a quality improvement leader, quality assurance specialist, program specialist, trainer and other ad hoc members based on the issue of concern. The plan is to establish Practice Enhancement Teams geographically, however, teams may be deployed across regions based on expertise and identified needs. Staff will be supported in completing the circuit self-assessment and resulting strategic improvement plans through the cross-functional Practice Enhancement Teams.

#### Tracking Progress

Missouri is currently in the process of developing a web-enabled SACWIS (Statewide Automated Child Welfare Information System). The intent is to design, develop and implement a SACWIS system that truly supports and streamlines the work of Children's Division staff and contracted staff. The system will provide for increased efficiency, monitoring and accountability. SACWIS will be a critical tool to support the progress made through the PIP and the circuit self-assessment and improvement process.

Based on current plans and subject to ACF approval, the first phase of the integrated SACWIS, automating Title IV-E eligibility, should be fully operational statewide by fall 2004, with Hotline Protocols implemented in early 2005. The current plan is to work simultaneously on the next phases, adding Investigation and Assessment, and Case Management I and II as funding and staffing allow based on the ACF approved plan and state resources.

Due to limited resources and the need to meet SACWIS timelines, it will be necessary to weigh the level of effort and cost involved in making changes to a Legacy System in

connection with PIP action steps versus deferring the change to SACWIS development. The Children's Division SACWIS Project Director will be an integral part of the PIP team in order to assure ongoing coordination and integration.

## **PROFESSIONAL DEVELOPMENT AND PRACTICE ENHANCEMENT**

A goal of the Children's Division is to attain practice excellence. Practice excellence is not the end, however, but a means to improving outcomes for children and families in partnership with them. Professional development and continuous improvement are critical factors in achieving this vision. Building on the work of the Staff Development and Training Unit, the vision is to create a Professional Development and Training System that results in practice excellence through professional development planning, training, supervisory support and practice enhancement team support.

### Supervisory Training and Support

The Staff Training and Development Unit has carefully examined current training, results from agency quality assurance measures such as peer record reviews and practice development reviews, the Survey of Organizational Excellence, the CQI process, COA standards and site visits, and audit reports. Feedback from regional training sessions and other state training programs was also considered.

Research shows effective supervision is critical in supporting workers in their professional development and particularly in mastery of the complex skill of assessment. Two regions of the state are currently involved in Clinical Supervision Training for front line supervisors using a role demonstration (teaching) model for clinical supervision. The training is funded through a grant with the University of Missouri-Columbia from the Quality Improvement Center at the University of Kentucky. The Clinical Supervision Training goals are: to increase child safety and protection, increase child well-being, increase positive permanency outcomes for children and increase worker stability.

It is anticipated that statewide training based on the positive principles of the clinical supervision pilot project will be implemented following the evaluation of the training. The following outlines the two key areas for improvement as well as supporting areas for improvement with core strategies for each.

- Develop a new supervisory training structure that that will build upon current administrative content and introduce a clinical focus for frontline Social Service Supervisors.
  - Supervisor training will include:
    - Leadership
    - Decision-Making
    - Case Consultation
    - Worker Professional Development
    - Accountability
- Enhance training evaluation using evaluative instruments for classroom training as well as On the Job Training. Following each classroom training



event, participants will provide a written training evaluation. Trainers will also evaluate participants during and after the sessions. On the Job Training evaluation will include feedback between staff and supervisors. This will be used to facilitate discussion between staff, clinical mentors and supervisors to identify areas of skill mastery and areas for skill improvement.

- Develop/utilize an Individualized Professional Development Plan tool for supervisors to be used by the supervisor and manager to identify skill areas acquired and demonstrated as well as skill areas needing improvement.

#### Worker Training and Support

The Staff Training Unit is creating a new training structure that will provide required pre-service and in-service training for frontline staff and supervisors during their first two years of employment. The current Child Welfare Practice Pre-Service Basic Orientation Training is provided to all new front line staff during their first three months of employment. The training is based on agency policy and practice and uses a variety of learning methods, including entry level skills practice and demonstration. The training follows the social work continuum with an emphasis on intake, assessment, case planning, treatment planning, service delivery and case closure. Family systems, values, joining and engaging, cultural diversity and child development are also some of the topics addressed in the training.

The new, advanced in-service training will build on the skills and knowledge gained by staff during the Child Welfare Practice pre-service training with more concentrated time devoted to specific skills practice and demonstration. In addition, the new structure will provide a framework to assess staff needs for additional elective in-service training during or beyond their first two years. Based on what is identified as a skills gap by the supervisor or between the supervisor and experienced staff, elective training sessions are available and enable staff to enhance their knowledge, skills, and abilities. Elective training sessions will be determined through the use of classroom and On-the-Job Training evaluations, individualized development plans and skill gaps analysis. The creation of a Training Advisory Committee comprised of clinical mentors, trainers and field staff will provide a venue for identifying areas for improved practice and assessing training needs. Although Missouri has not defined a set number of hours of required training for seasoned staff, Missouri Statutes mandates assessment and treatment staff to receive a minimum of twenty (20) hours of related training per year.

COA requires the Children's Division to promote competence in personnel by providing regular supervision and training on topics relevant to service delivery. Requirements include the opportunity to attend one or more job-related training events per year. The training session will be a mixture of knowledge-based and skill-based instruction and skill building exercises. The Children's Division partners with the department's Human Resource Center to coordinate elective training sessions for staff with less than one year's experience to meet the sixteen (16) hour training requirement post pre-service training. These training sessions are also available to seasoned staff. In addition, the Staff Training and Development Unit is scheduled to develop and implement required, advanced in-service training for frontline staff to move the agency toward practice

excellence. The strategies include staff acquiring and demonstrating skills in the following core areas:

- 1) Investigation and Family Assessment
  - Specific types of CA/N
  - Interviewing
  - Decision Making
  - Risk/Safety Assessment
  - Case Documentation
- 2) Family Centered Services
  - Case Planning
  - Family Support Team meetings
  - Family Specific Treatment Planning
  - Safety planning
  - Risk assessment/re-assessment
  - Underlying issues/family functioning
  - Case Documentation
- 3) Family Centered Out of Home Care
  - Concurrent Planning/Case Planning
  - Case Documentation
  - Family Support Team Meetings
  - Cultural Diversity
  - Safety assessment in Biological home and Foster Home
  - Risk assessment/re-assessment
  - Planning for closure with family and planning for re-occurrence

#### Family Assessment, Case Planning and Intentional Intervention

##### Family Assessment

A key finding of the CFSR was that the Children's Division was inconsistent in assessing and addressing the needs and services of the child, parents and/or foster parents. Of concern were incomplete assessments for parents and children. Specifically, assessment improvement is needed for non-custodial parents. Many stakeholders reported the Children's Division was effective in assessing needs and identifying services, but that services were difficult to access.

There are many initiatives in place and pilot projects to address this issue in Missouri. However, caseload sizes, supervisory to staff ratios and funding for services impact this assessment and service delivery. A key emphasis of Missouri's PIP is improving assessment tools, skills and practice. This includes greater attention to assuring complete assessments are performed, services are well matched to families' needs and innovative strategies are employed to increase access to services.

### Case Planning

Family Centered Service Out-of-Home Care policy and practice utilizes a multi-disciplinary team approach to incorporate input and support from a variety of community members: guardian ad litem, juvenile officers, CASA, teachers, counselors, extended family members and other individuals that are identified by the family. Current participation by family members and community participants is less than optimal. Meetings may be scheduled based on professionals' availability rather than family participation. Communication gaps have been noted among service providers, the family and community participants involved in service planning. Individuals serving families may have different ideas about their role and different philosophies about a family's needs. As a result, the quality of the assessment and case plan is jeopardized as crucial pieces of information may be missed or unavailable. Strengthening workers' family engagement skills through training and supervision will enhance the Family Support Team process and assist in assuring all those at the table truly have a voice in the planning. Educating families about their roles and responsibilities will serve to empower families and encourage their participation in the case assessment and planning process.

Additional underlying issues regarding case planning:

- A philosophical permeation that engenders strengths-based, family-centered, family-empowering behavior;
- Improved involvement of the child;
- Greater involvement of informal supporters;
- Adequate Supervisory Supports - this includes coaching and nurturing best practice.

### **SERVICE ACCESS AND INTENTIONALITY**

In exploring underlying factors that have a substantial impact on permanency for children, the ability of frontline workers and supervisors to efficiently and effectively move clients through the change process is an important issue. When working with natural parents, frontline workers and supervisors are confronted daily by a wide range of challenges including, but not limited to, drug abuse, mental illness, homelessness, poverty and domestic violence. Each of these issues becomes an even greater challenge when commingled with the complexities of personality types, family histories, cultural variations, abuse dynamics, grief, denial and resistance to change. Maneuvering through these barriers, accurately assessing needs and matching those needs with effective services becomes imperative to the reunification of children with their natural families.

The unfortunate reality in current practice is that many of the interventions used with clients are reactive, usually following a crisis or severe regression of case progress. Often, workers are not adequately supported to acquire the skills and information, or they do not have the time to proactively help clients through the change needed for children to return home. Current supports and tools for workers and supervisors may not provide effective ways for workers to intentionally avoid potential setbacks. The

effectiveness of efforts to engage clients in change varies significantly and can result in families lingering in the child welfare system too long, and workers being drained of energy needed to continue work in the child welfare field. Developing a system that enables workers and supervisors to access proven interventions specifically related to the uniqueness of each family will result in improved outcomes for children and families.

Equipping workers with adequate knowledge to be intentional with interventions requires two components. Firstly, workers need training that facilitates their ability to expertly assess need and to identify and seek intentional interventions. Secondly, workers need access to information regarding the best, available services. The implications found in intentionality extend into many aspects of frontline work and can have substantial influence on the timeliness of reunification and the stability of children in their foster and natural families.

## **ACCOUNTABILITY**

A strength of the Missouri Children's Division is its strong value for partnering with families and communities. The agency has worked diligently to develop partnerships with communities and to be accountable to our citizens. The Division is committed to openness, accountability, data-driven decision making and working with our partners to improve services and outcomes for children and families. In Missouri's PIP, many actions steps include partnerships with the Office of State Court Administrators, Department of Mental Health, Department of Health, state universities, Department of Public Safety, community partnerships and others.

The Children's Division is partnering with the courts to pilot court improvement projects that include open courts. A newly established Office of the Child Advocate is addressing the need for a venue for consumer and constituent issues of concern. Cross training is planned between the courts and the Children's Division.

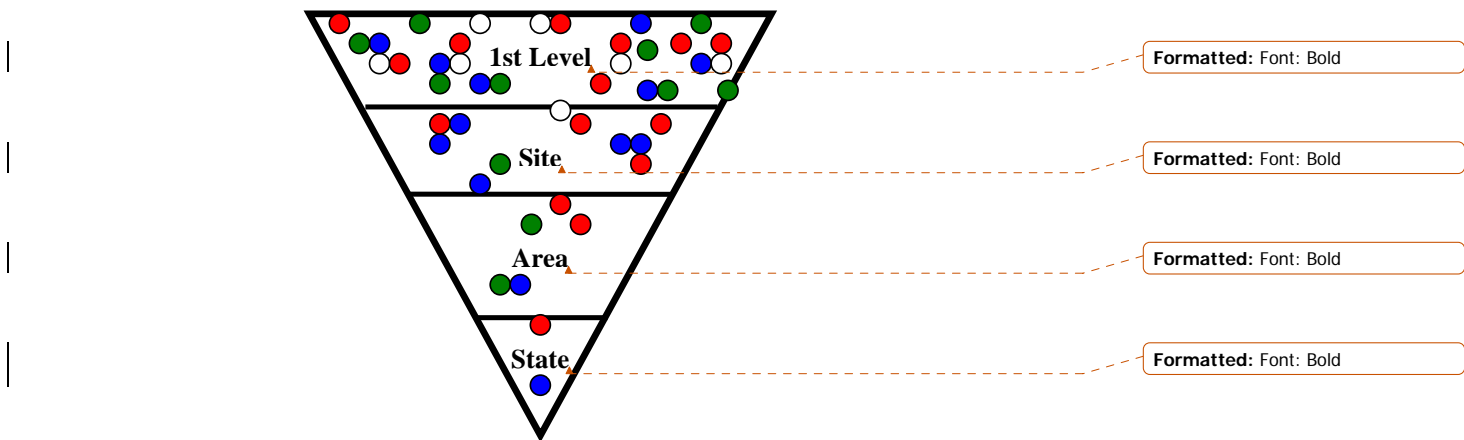
Other accountability measures include the use of structured decision making, peer record reviews, practice development reviews, circuit self assessment and outcomes report monitoring. The Children's Division is building a culture of partnership, accountability and continuous improvement and working to attain practice excellence so that safety, permanency and well being can be assured for Missouri's children. The Division will work together with families, communities, federal and state partners to implement the Program Improvement Plan to that end.

## **QUALITY ASSURANCE**

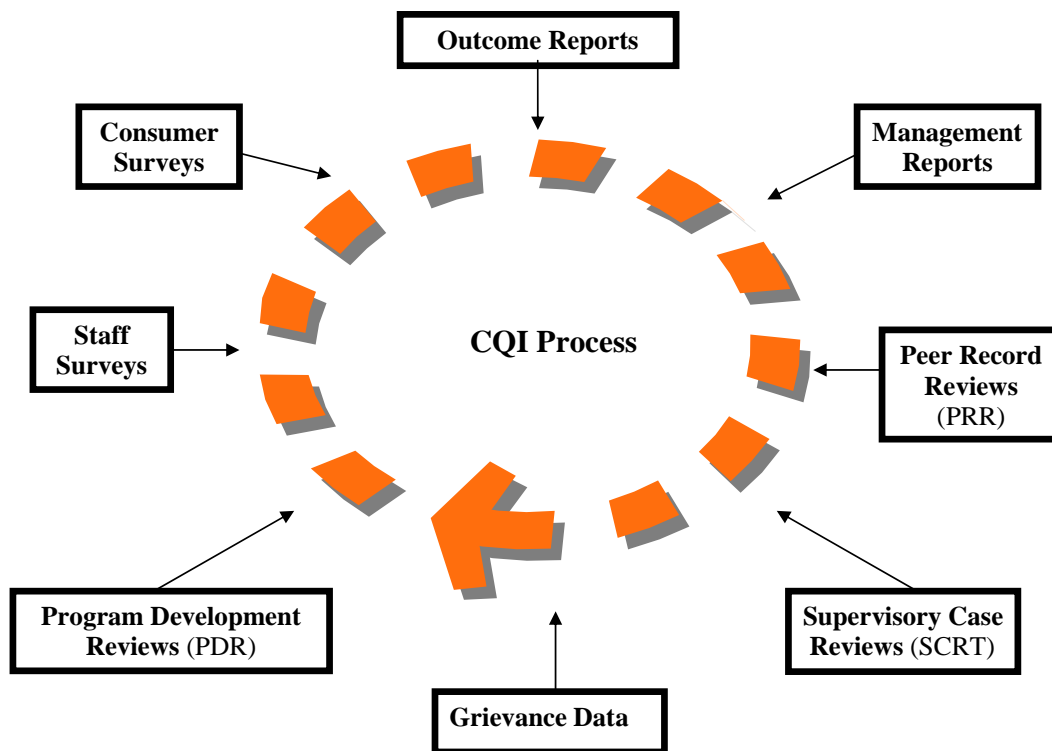
In Missouri, quality assurance exists at every level through the Continuous Quality Improvement (CQI) structure. CQI uses case related data in an aggregated, non-identifying way to provide feedback and accountability to staff in a timely manner. CQI is a process by which **all staff** are involved in the evaluation of the effectiveness of services provided by the division and every staff person is a member of a local level

CQI team which meets quarterly. CQI teams are expected to examine agency services and outcomes and in turn create and implement plans to improve services.

There are four levels of CQI teams: the first or local level, site level, area or regional level and the state level. The multi-level process allows for solutions to be generated in implemented by all levels of staff within the agency. Each CQI team sends a representative to the next level meeting. This way, problems which cannot be resolved by the local CQI teams are advanced to succeeding CQI team levels for resolution. Approximately 90% of issues discussed in CQI meetings are resolved at the first level. The following graphic represents how issues (dots) are resolved through the four levels of CQI.



Several avenues exist and are being developed for quality assurance through peer reviews, supervisory reviews, consumer and staff surveys, and grievance and outcome data, which feed into the overall CQI System. See the following flow chart.



### Outcome Reports

Reports on child welfare outcome measures monitor agency performance and guide future initiatives. The outcomes are the results the agency desires to achieve and reflect a condition of well-being for children, adults, families, and communities. The outcome measures cross all program lines and are quantifiable information which indicates the degree to which desired outcomes are being achieved and provide a mechanism for evaluation of performance. There are 20 critical outcome measures, each fitting into one of the domains of safety, or permanency. They are as follow:

### *Safety*

- |                    |   |
|--------------------|---|
| <i>Measure #1.</i> | <i>Improve Timeliness of Initial Child Contact</i>                                |
| <i>Measure #2.</i> | <i>Improve Timeliness of Completion of Reports</i>                                |
| <i>Measure #3.</i> | <i>Reduce Reoccurrence of Abuse</i>   |
| <i>Measure #4.</i> | <i>Reduce Incidence of Child Abuse in Foster Care</i>                             |
| <i>Measure #5.</i> | <i>Reduce Reoccurrence of Child Abuse/Neglect (after reunification)</i>           |
| <i>Measure #6.</i> | <i>Enhance Service Delivery to Prevent Child Abuse/Neglect in Intact Families</i> |
| <i>Measure #7.</i> | <i>Enhance Service Delivery to Prevent Child Abuse/Neglect (IIS)</i>              |

## *Permanency*

<i>Measure #8.</i>	<i>Reduce Time in Foster Care</i>
<i>Measure #8a.</i>	<i>Children Active in DFS Custody by Race</i>
<i>Measure #8b.</i>	<i>Children Active in DFS Custody by Age</i>
<i>Measure #9.</i>	<i>Increase Permanency for Children in Foster Care (children exiting by exit reason)</i>
<i>Measure #9a.</i>	<i>Increase Permanency for Children in Foster Care (children exiting by exitreason and race)</i>
<i>Measure #9b.</i>	<i>Increase Permanency for Children in Foster Care (children exiting by exitreason and age)</i>
<i>Measure #9c.</i>	<i>Increase Permanency for Children in Foster Care (children exiting by exit reason and length of time to exit)</i>
<i>Measure #10.</i>	<i>Reduce Time in Foster Care (Entry to Reunification, total)</i>
<i>Measure #10a.</i>	<i>Reduce Time in Foster Care (Entry to Reunification, by race)</i>
<i>Measure #10b.</i>	<i>Reduce Time in Foster Care (Entry to Reunification, by age)</i>
<i>Measure #11.</i>	<i>Reduce Time in Foster Care (Entry to Adoption, total)</i>
<i>Measure #11a.</i>	<i>Reduce Time in Foster Care (Entry to Adoption, by race)</i>
<i>Measure #11b.</i>	<i>Reduce Time in Foster Care (Entry to Adoption, by age)</i>
<i>Measure #12.</i>	<i>Increase the Number of Family Support Team Meetings (timely completion of FSTM)</i>
<i>Measure #13.</i>	<i>Reduce the Number of Placements Children Experience in Foster Care</i>
<i>Measure 13a.</i>	<i>Reduce the Number of Placements Children Experience in Foster Care(Children in Care Less than 12 Months)</i>
<i>Measure #14.</i>	<i>Reduce Re-entry into Foster Care</i>
<i>Measure #15.</i>	<i>Reduce Adoption Disruptions</i>
<i>Measure #16.</i>	<i>Increase the Number of Family Resource Providers</i>
<i>Measure #17.</i>	<i>Increase the Number of Children Placed with Relatives/kinship Providers</i>
<i>Measure #18.</i>	<i>Increase the Number of Children Residing in Their Communities</i>
<i>Measure #19.</i>	<i>Reduce the # of Children Residing in Residential Treatment Facilities</i>
<i>Measure #20.</i>	<i>Reduce the Number of Families with FCS Cases Open Over 12 Months</i>

As most of the outcome data is reported out quarterly, six of the outcomes will be used as proxy measures for the six National Standards so progress in the PIP can be tracked on a quarterly basis. Believed to be reflective of good practice and the goals already established by the agency, the outcomes are reported out by each circuit, region, and at a state level and are available to all staff on the intranet.

## Monthly Management Reports

The Children's Division Management Report is a monthly publication detailing information concerning the children's services provided by the Children's Division. Information made available through this publication includes the areas of Child Abuse and Neglect, Family-centered Services, Out-of-Home Placement, and Intensive In-home

Services. Month-end information is available through ad-hoc research requests beginning with the first working day of the following month. The on-line edition is posted approximately two weeks later. Information contained in each publication is intended for that month's use only.

#### Peer Review Processes

In Missouri there are two types of peer reviews conducted for quality assurance purposes; the Peer Record Review (PRR) and Practice Development Review (PDR).

##### ***Peer Record Reviews***

The Peer Record Review (PRR) is a strategy designed to ensure that documentation of essential service components exist in the case record, provide objective input regarding quality service provision, and to identify systemic barriers to quality services. Intended to be supportive in nature, peer reviewers are asked to identify strengths as well as the areas of needed improvement and are expected to share their findings with staff through the use of the Peer Record Review Protocol. In addition to the Children's Division Worker gaining a new perspective, an added advantage of the process is the knowledge and skill enhancement of the reviewer.

Completed on a quarterly basis, 10% of in-home and foster care cases statewide are randomly selected for review each year. Small circuits review considerably more the 10% of a year's time. The review includes a sample of Child Abuse/Neglect cases, Family-Centered Service cases, and Out-of-Home Care cases that are currently open or have been closed within three months immediately preceding the quarter in which the review is being conducted. Ten percent of adoption and Intensive In-Home Service cases are reviewed every six months on a statewide basis.

All staff has the opportunity to participate in the PRR process, yet it is intended that front-line staff complete the majority of the reviews. To prevent a conflict of interest and maintain objectivity, reviewers do not review any case in which they are or have ever been involved. Additionally, supervisors do not review any case in which their staff has worked with directly. Reviewers are provided the case record to obtain the information for the review. The reviewers use the Peer Record Review Protocol for each record reviewed. Once completed, the information is entered into the statewide database.

Once the information is entered into the database it is generated into reports reflecting results for each site, region and state as a whole. The information is provided back to the individual sites for further analysis and is posted on the intranet for easy access by all Children's Division's employees. The Division extracts the information and develops a plan for improving on-going service delivery in areas found needing improvement as well as develops processes to build upon the strengths found from the review. Several questions from the PRR will be used in quarterly monitoring of the PIP.



***Practice Development Reviews***

The Practice Development Review (PDR) is modeled after the Quality Service Review model developed by Dr. Ivan Groves and Ray Foster and based on Service Testing™ methods. The PDR uses a performance appraisal process to conclude how children and families are benefiting from services. Key indicators are used to examine outcomes for individual children and families and for the service system as a whole. Through this process, strengths and areas of needing improvement are identified to achieve improved system performance, strengthened front-line practice, and better results for children and families. The PDR provides a combination of quantitative and qualitative data that reveal in detail the current status for children and their caregivers and the impact of the service system on their status.

Teams comprised of two individuals conduct the review at the designated site. Each team member completes a training session prior to the review. The review is comprised of a random sample of children who are from intact families as well as children in out of home care. The number of children reviewed varies from 12 to 24 families, depending on the size of the review site.

The review spans approximately five days and the review teams review two families each. The review team begins by familiarizing themselves with the “core story” by reviewing the family case record. Additional information about the case is obtained through conducting interviews with key informants such as the child, their foster parent, the biological parent, juvenile officer and other service providers. The PDR Protocol “Blue Book” is used to rate the status of the child and overall service system performance.

During the week, each review team has an opportunity to debrief with the other review teams. This provides an opportunity to process the information and receive feedback from the other reviewers regarding their findings. The debriefing serves as a time for reflection on the cases being reviewed and a time to develop a composite of the strengths and areas of needed improvement in the site being reviewed.

Concurrent to the case review is a process for interviewing community stakeholders. Information is gained from stakeholders, providing a general sense of how they perceive the status of children and families and the service system in the community. The interviewers use the designated protocol which mirrors the key status indicators utilized in the child and family interviews. Information gathered from these interviews is shared with the review teams, aggregated and contained in the final PDR site report.

The final phase of the review process is to share the findings with local Children’s Division staff and community stakeholders. Each review team has an opportunity to meet with the Children’s Division Worker and Supervisor assigned to the child’s case to discuss the findings and provide feedback. Upon the conclusion

of these meetings, the Central Office PDR Coordinator presents the aggregate findings and trends to the Children's Division Staff and community stakeholders in a wrap-up community presentation. This presentation includes an opportunity for community members to ask questions and provide feedback. All of the PDR results are posted on the intranet and all Children's Division's employees have access to the information.

The number of PDRs completed each year varies and is dependent upon available fiscal resources as well as sites identified in need of evaluation. In 2004, local PDRs are being conducted in Jefferson, St. Charles, and St. Louis Counties as well as St. Louis City.

Information gained through these two types of peer reviews is used to continually measure and enhance the quality of services provided to families and children being served by the division. Both processes are designed to be supportive of staff for continuous quality improvement. The reviews are designed to provide direct feedback to front-line staff, supervisors, and administration to assist them in improving child welfare services.

#### Supervisory Consultation and Oversight

Supervisors are the most visible and accessible role models for CD social service workers. By actions and words, supervisors can implicitly and explicitly establish the limits of permissible behavior. Effective methods of supervision are adapted to the individuality of each CD social service worker and to the group as a whole. Based on the need and experience of the worker, individual supervisory conferences are provided on a weekly, bi-monthly, or monthly basis by plan, or by request. Monthly group meetings or conferences provide the opportunity to review memorandums, new policies and policy updates.

Although division policy requires that supervisors review cases at certain intervals, the review tool utilized varies across the state. Additionally, this data and information is not captured in a manner which can be aggregated and used for analysis. Therefore, a standardized supervisory case review tool (SCRT) will be developed and tested for use by supervisors during their case reviews. The tool is based on that used during the CFSR and examines outcomes for children and families. Information from the SCRT will be entered into a database so data can be aggregated by circuit and reported out. Many of the questions on the SCRT are qualitative in nature and therefore will be used to monitor various elements in the PIP that the division has otherwise been unable to track.

#### Consumer Surveys

In order to improve the quality of services, it is important to receive feedback from the children and families served by the Division. Input from consumers is obtained through surveys which are system generated and mailed from the Department of Social Services' Research and Evaluation Unit. A self-addressed stamped envelope accompanies the survey to facilitate a higher response rate and assure confidentiality.

Information from returned surveys is entered into a database, aggregated, and sent in report form to the county and regional offices for review through the Continuous Quality Improvement (CQI) process.

There are five surveys distributed targeting different types of consumers including: youth in out-of home care, adults being served through the Family-Centered Services or Family-Centered Out-of-Home Care, adults served through Intensive In-Home Services; adults who have recently been involved in an investigation or assessment, and foster/relative care providers. Each survey addresses broad issues such as participation in the service delivery process, how they were treated, if their needs were met, and the availability of staff. In addition, each survey contains a few items that address the specific needs of each targeted respondent.

Each month the following surveys are sent:

- A random sample of 10% of families who recently completed a CA/N hotline
- A random sample of 10% of families who recently completed the IIS program
- A random sample of 10% of families who are active FCS cases
- A random sample of 100 active youth in agency custody age 12+
- A random sample of 50 active Foster/Relative Families

Measures are taken to survey youth in agency custody and Foster/Relative families no more than one time per year. Data from the surveys is compiled and posted on the agency intranet for use by all staff during their CQI meetings.

#### Staff Survey: The Survey of Organizational Excellence (SOE)

Assessment of employee satisfaction is a way to gather vital information from our organization's most valuable resource, our employees. The SOE allows detailed and comprehensive organizational information to be obtained from all division staff for use in the development of strategies to improve on identified areas of need. The SOE is an online survey that is designed to link scores on the survey to issues impacting the organization. Survey questions are drawn from empirical and theoretical literature on organizations and specifically examine five key dimensions of life within the organization: work team, work setting, general organizational features, communication patterns, and personal demands.

Each May, during a designated two to three week period of time, staff are electronically emailed the survey and encouraged to complete it during work hours and from a work terminal. The survey can be completed on any computer connected to the internet and takes approximately 20 minutes to complete. Response rates for the survey have risen from 18% in 2002 to 60% in 2004. The survey is administered on a yearly basis and all survey results are posted on the intranet for use by division staff during CQI meetings.

#### Grievance Data

There are two avenues by which the Children's Division gathers grievance data; through the Service Delivery Grievance Process and through the Constituent Unit.

### ***The Service Delivery Grievance Process***

In order to maintain a continuous quality improvement culture within the organization, it is important to ensure that all youth and families served are informed of their rights and have a formal process to voice their concerns. The Service Delivery Grievance Process is a structured process by which consumer service delivery issues can be addressed at the most local level possible, allowing families the opportunity to express concerns regarding any perceived inequities, unfair treatment, or dissatisfaction with agency actions or behaviors.

Any adult family member, youth 12 years of age or older, or any child younger than 12 years of age with the assistance of a parent, guardian, out-of-home care provider, or Guardian Ad litem, who is currently receiving services or has had services terminated within the past 30 days may file a grievance.

The need to track outcomes and the means by which they were achieved is an important part of the quality improvement process. The information received from *Level One* through *Level Three* of the grievance process is entered into the statewide Service Delivery Grievance Database. Although specific grievances cannot be viewed by all staff, aggregate information for the state and each county is available for use to staff for use during CQI meetings. Each CQI team is expected to review the data and look for trends related to the quality of services being delivered, program issues, communication, etc. that led to the grievances.

### ***Central Office Constituent Response Unit***

In Central Office, the constituent unit responds to communication from consumers in the form of letters, calls, and email. This unit streamlined constituent concerns by maintaining a tracking log and providing consistency in addressing child welfare issues. The diversity of knowledge of the unit members includes a working knowledge of resources to familiarity with policies and best practices of social work. The division uses the constituent tracking log for evaluating the Children Protection System and identifies potential improvements areas.

### **Management Reviews**

Each month, the second level supervisor reviews ten percent (10%) of the county's cases (or five [5] cases, whichever is the greater amount) which meet the following criteria: 1) The case has been open eight (8) months or longer; 2) The case has no court involvement; and 3) The case has been randomly selected from the county's total non-court involved.

Case reviews by second level supervisors and area staff are intended to evaluate the effectiveness of the social service worker's Family-Centered approach and looking at first level supervision which holds the responsibility for ensuring such services are appropriately time-limited. Recommendations are considered for whether a case should be closed or remain open.

Each month, the Area Director or designee reviews 50% of the county's cases (or one [1] case, whichever is the greater amount) which meet the following criteria: 1) The case has been open 12 months or longer; 2) It has no court involvement; and 3) It has been randomly selected from the county's total non-court involved treatment services caseload.

The Area Director or designee also reviews all of the county's cases that meet the following criteria: 1) The case has been open 16 months or longer; and 2) It has no court involvement. Each case in this category is reviewed again at four-month intervals (i.e., a case that has been opened for 16 months will again be reviewed at 20 months and again at 24 months, and so on).

#### Jackson County Quality Assurance System

In addition to the above quality assurance activities, the following descriptors are quality assurance efforts that have been established as a result of the Jackson County Consent Decree, *G.L. v. Stangler*. As part of the Consent Decree, an external Monitoring Committee also reviews the outcomes from all efforts in Jackson County and identifies action steps needed for improvement. The Monitoring Committee reports to the Federal Court the progress of the Jackson County Children's Division in meeting the requirements outline in the Exit Plan of the Consent Decree.

Semi-Annual Report of Compliance: Various case reviews are completed to provide the information for this report. The reviews are as follows:

- Omnibus Reviews-This review measures the compliance with the exit requirements contained in the Modified Consent Decree. These requirements include information provided to the child and alternative care provider at the time of placement, completion of pre-placement visits, parent/child and child/sibling visits, visits between the Children's Service Worker and child at the foster home, obtaining medical information for children, timeliness of case planning conferences, and attendance at case planning conferences. A random sample of approximately 141 records is reviewed for each semi-annual review.
- Adoption Review: Approximately 115 cases are reviewed for each semi-annual review to gather information to determine compliance with the adoption requirements. This review looks at the timeliness of the goal change and adoption planning process, timely review of adoption case plans, and timeliness of completing adoption recruitment activities to find an adoptive home.
- Licensing Review: The universe for this semi-annual review includes all newly licensed foster homes, as well as those needing re-licensure during the specified review period. The review monitors the timeliness of the licensure activity, including determining if the foster home meets state regulations for safety, all training requirements have been met, and that a Child Abuse/Neglect (CA/N) and criminal background check have been completed on the perspective foster parent(s) prior to initial or re-licensure.
- Maltreatment of children in foster homes-This review looks at all aspects of the investigations, why the child is in the care, was the child a victim of abuse/neglect or inappropriate discipline. This review monitors the compliance of timeliness of

reporting the incident, timeliness of completing the report, if a staffing is held to determine any corrective action or revocation for the foster home, and the timeliness of the Program Administrator signing the completed investigation. The review also monitors the children who had been placed in homes on suspension for substantiated hotlines of abuse/neglect or inappropriate discipline.

- Monthly PDR for Medical/Dental, Planning and Service Provision: A random sample of 85 cases is selected during each semi-annual reporting. Using the PDR model, the reviewer completes a case record review as well as conducts in-person interviews with the service team members. The reviewer gathers information to determine the timeliness of dental examinations and required follow up services, timeliness of medical examinations and required follow up services, timeliness of case planning conferences and timeliness of the provision of identified services.

**Semi-Annual Community PDR:** This review is conducted in March and September of each year. A random sample of ten (10) to twelve (12) cases of children in the legal custody of the Children's Division is reviewed each period. The PDR method of service testing is used for this review. Information from this review is shared with Children's Division staff and community stakeholders, as well as with the Community Quality Assurance Committee (CQAC). The CQAC is comprised of professionals from child welfare and related disciplines in Jackson County. Professional members include a pediatric physician from a local children's hospital, an instructor of Social Work from an area university, a representative from Family Court, a Teaching Foster Parent, and representatives from area organizations such as Department of Mental Health, Domestic Violence Network, Cornerstones of Care Residential Care Agencies, and others. The members encompass a broad spectrum of professionals who create a multi-disciplinary perspective in carrying out the Committee functions.

The purpose of the CQAC is to ensure that program policy and practice improvements gained through the *G.L. v. Stangler* Modified Consent Decree are continued and expanded once Court jurisdiction is terminated. The members of the CQAC have been trained on the PDR process and are required to participate with the "story telling" time at the conclusion of each review. Participation in this part of the process provides a better understanding of the circumstances of the cases reviewed. The findings of the review are included in a written report which contains observations, comments and suggestions or recommendations for improvement for the Division and service community as a whole. The CQAC publishes this report semi-annually to local community stakeholders. The committee member's review the recommendations periodically to oversee completion and formulate action plans to overcome barriers when necessary.

#### **PROGRAM IMPROVEMENT PLAN MONITORING AND REPORTING**

The PIP will be monitored by a Management Analyst Specialist II (MAS II) whom serves within the Program and Performance Management Section. This person will be responsible for monitoring quarterly data related to the PIP and reporting this information out to the Quality Assurance Unit. The Quality Assurance Specialists will work with their regional Practice Enhancement Teams to provide technical assistance and training and direction to the circuits for the quality assurance component.

Additionally, the Quality Improvement and field support staff will be available to augment efforts put forth by field staff. Quality Assurance Specialists in each region will be responsible for providing feedback to the MAS II who will report to the deputy director of the Planning and Performance Management Section. The deputy director will report directly to the division director. Quarterly outcome data will be the cornerstone for the performance and feedback process. A list-serve is being developed for each circuit to go in and examine their data on an ongoing basis.

Per discussions with Regional and Children's Bureau staff, quarterly PIP reports will be provided for the first year. This will enable Missouri and the Regional Children's Bureau staff to track progress and identify areas of concern on a regular basis. It will also provide stakeholders the opportunity to follow progress on a regular basis. At the end of the first year of PIP reporting, subsequent discussions will take place to determine whether semi-annual reports will suffice.

## ITEM NARRATIVES

### Outcomes

**Safety Outcome 1: Children are, first and foremost, protected from abuse and neglect.**

#### **Item 1: Timeliness of initiating investigations of reports of child maltreatment**

A key concern noted in the CFSR was inconsistency of reporting the initiation of investigations of child maltreatment reports or establishing face-to-face contact with the child subject of the report in accordance with the State-established timeframes.

Missouri's policy regarding Item 1 is based in law. RSMo. (Revised Statutes of Missouri) 210.109 establishes Missouri's child protection system and RSMo.210.145 establishes time frames for initial responses.

(S1.1.1) The initial contact information is captured on a child abuse/neglect form known as the CA/N 1. During the research for the PIP, a discrepancy was revealed between the definition of the term "initiate" as written in statute and the procedure for documenting "initial contact" on the CA/N 1. As a result, policy language must be clarified, as well as, enhanced CA/N 1 form instructions regarding timeliness of response to reports of child maltreatment. Although statewide policy is based on statute, there continues to be a lack of clarity regarding definition and the actions required. In addition, the CA/N automated system requires staff to enter "*initial contact date and time*". This notation, per policy, is the date and time CD staff makes face-to-face contact with the subject child. This may not accurately reflect whether another member of a multidisciplinary team had initial contact with a child within the 24 hour time period. Other issues requiring clarification include: who may conduct face-to-face contact within the 24 hour timeframe and why it is considered a delayed contact by the worker when face-to-face contact was made by a multidisciplinary team member.

(S1.1.2) Through this clarification process, the entry fields may remain the same with a change for initial contact definition or this may lead to systems entry field enhancements. Once these clarifications are completed, additional systems entry codes may need to be developed in order to more accurately capture data. To increase the accuracy of the data collected in the Legacy system regarding initial contact of the victim when investigating a child abuse and neglect report, the Peer Record Review process will be utilized. The Peer Record Review will be revised to reflect the changes and clarification of initial contact. Aggregate data from the Peer Record Review will be available on a quarterly basis which will provide Circuit Managers and QA specialist with evidence on which to base recommendations for practice improvements.

(S1.1.3) During the CFSR, there were concerns regarding Missouri's protocol for responding to non-CA/N referrals or alpha referrals. The alpha referrals, primarily "M" (mandated reporter) referrals and "P" (preventive services) referrals are assigned based



on the information received by the Child Abuse and Neglect Hotline Unit (CA/N HU). Frequently, non-CA/N referrals address family needs such as housing, or medical assistance. In spring 2004, a combined effort began between the Family Support Division (FSD) and the Children's Division (CD) for the purpose of reducing the number of CA/N referrals allowing the Children's Division staff to concentrate their efforts on cases which are more serious in nature. A test site (Jackson, Clay and Platte counties) was chosen and a strategic plan was developed and presented to both Division Directors for consideration. In May 2004, protocols were written for screening and assigning non-CA/N referrals to FSD Self Sufficiency Case managers. The Self Sufficiency Case Managers were already trained on strengths based case management; domestic violence; behavioral inventory assessment to identify substance abuse and addictive behaviors, mental illness, and domestic violence; Family Support Programs and policies (eligibility); Family Support Team Meetings; and community resources and partner agency collaboration. The Directors felt these Self Sufficiency Case Managers possessed the necessary skills to respond to non-CA/N reports. The Self Sufficiency Case Managers also shadowed the Children's Division investigators and assessment workers to gain further experience. Additional training was provided to both Children's Division and Family Support Division staff regarding the testing site protocols for non CA/N referrals which officially began July, 2004. QA measures are in place to make sure assessments are being conducted appropriately and the safety of children is assured. The goal of this pilot program is to ensure children are safe while diverting non-CA/N related concerns directly to service providers.

(S1.1.4) In order for staff to respond to reports of maltreatment in a timely manner, circuit level assessments to evaluate CA/N response were completed. In addition, management reports which provides worker level information were sent to each circuit to analyze timeliness of initial contact, timeliness of conclusion and pattern of conclusions. This report will also provide a basis for comparison at the circuit and state level. Based on their circuit assessment and management report, local protocols for improvement will be established and implemented. In addition it will provide information for circuits with timely completion rates. This improved timeliness of initial child contact will be monitored on an on-going basis. As needed, resources will be targeted to circuits with identified needs.

(S1.1.5) The new call management and Structured Decision-Making (SDM) protocols implemented at the Child Abuse and Neglect Hotline Unit (CA/NHU) will provide consistent screening and classification of calls received. Through the improved screening effort, a more uniform process will be institutionalized for accepting calls made by mandated reporters and other miscellaneous calls, not rising to the level of abuse or neglect and not requiring a formal investigation. Using these protocols will assist in consistency of the initial classification of reports received. The protocols have been completed and remaining CANHU staff trained. A quality assurance peer record review tool will be developed for monitoring. Once the monitoring tools are in place, the hotline protocols will be automated. The Supervisory Review Tool for the CANHU will be a stand alone tool; however, data from the tool will be collected in the same data base as the universal Supervisory Case Review Tool (SCRT).

## Item 2: Repeat Maltreatment

(S1.2.1) SDM is a case assessment and management model designed to bring structure and consistency to the critical decision making process through the use of assessment tools that are objective, comprehensive and easy to use. The SDM tool is designed to assist child welfare staff with the most appropriate responses to Child Abuse and Neglect reports, both in making the decision to accept the initial report, as well as the level of response needed to address the allegation of abuse/neglect reported. Moreover, the tool assists child welfare professionals in assessing safety and risk to the children in the home.

One goal of SDM is to reduce subsequent harm to children. SDM tools assist workers in the identification of critical factors within the family that could affect future harm to the children in the home. The tools help workers make more consistent and reliable decisions on the need for services aimed at alleviating abuse and neglect situations in families that are at “high risk” for future harm to the child/ren. Coupled with information taken from past reports received on the family, the tool assists workers in establishing a pattern of behavior that will help determine the necessary services to reduce subsequent harm to children.

The SDM tool allows staff to make decisions that are consistent throughout the state and eliminates bias that might affect the worker’s ability to objectively understand the problems and needs of the family. The tool helps identify “high risk” families for workers so that resources can be targeted to families with the greatest need, thus reducing the occurrence of future harm to children.

To ensure consistent and accurate completion of the SDM safety and risk assessment, BASIC training will be enhanced to include this SDM component and an in-service training for SDM will be developed. A workgroup will be convened to finalize the SDM review tool. Once finalized, instructions will be sent to the field on how to use the tool and instructing them to review ten percent of the cases. As needed, ongoing training will be provided to circuits identified with such needs

(S1.2.2 AND S1.2.3) To address the issue of child maltreatment in foster care, Missouri purchased the *Confirming Safe Environments* (CSE) curriculum developed by ACTION for Child Protection in 2003. CSE is an ongoing work process used to assist staff in assessing and monitoring safety and risk to children placed in kinship or familial foster care settings. This curriculum was initially tested with 25 staff in four counties in the state: St. Louis City, Greene, Pettis, and Cooper County and included only alternative care and licensing staff. The curriculum training will be expanded to all investigative, out-of-home care, and licensing staff and supervisors in Pettis, Cooper, and Greene counties. In St. Louis, one complete out-of-home supervisory unit will be trained. By January 30, 2005, all investigative staff in St. Louis will be trained on the CSE work process. During this expansion period, ACTION will be utilized to assist the division in building capacity to train the curriculum in-house. ACTION will also be utilized to evaluate CSE implementation. Based on the evaluation, the CSE curriculum will be

modified to meet Missouri's specific needs and an expansion plan will be developed as indicated. Division policy regarding assessment of safety at and throughout the life of a placement will be developed based on the Confirming Safe Environments curriculum and evaluation of safety assessment best practices in other states.

(S1.2.4) The Practice Evaluation Teams (PET) will be used to assist the Circuit Managers in developing strategies to reduce repeat maltreatment and CA/N in foster care. Once PET member roles and responsibilities are developed and defined, the teams will be formed and convened to review the Circuit Self-Assessments in the areas of repeat maltreatment and CA/N in foster care. Improvement strategies will be developed and implemented by the Circuit Managers (with the assistance of the PETs).

(S1.2.5) Repeat maltreatment will also be reduced through strengthening division policy and practice related to chronic neglect and the accumulation of harm that a child experiences in cases of chronic neglect. St. Louis has a chronic neglect initiative that will be analyzed for statewide applicability. A statewide analysis has been done on families that have multiple reports of maltreatment. Subsequently, the division applied for a Title IV-E waiver for a chronic neglect pilot. Missouri recognizes there are a small number of families who have a large number of repeat maltreatment events that ultimately result in an accumulation of harm to the child leading to out-of-home placements and costly services to rectify the abuse or neglect conditions. The Institute of Applied Research (IAR) conducted a follow up evaluation of Missouri's dual track system and discovered that a relatively small segment of the families served (9.3 %) account for a large amount of expenditures (41.9%) due to the chronic pattern of on-going abuse and neglect. A funding request will be made to the Children Justice Act if Missouri is unsuccessful in attempts to secure the Title IV-E Waiver. Three pilot sites have been selected including Jasper, Jefferson, and Randolph counties. Jefferson County was chosen as a representation of a metro site due to St. Louis being over saturated with pilot programs. Missouri has a strong interest in testing new approaches in early identification of chronic neglect, having the potential to provide valuable knowledge on improving services to children and families.

(S1.2.6) Development of performance based contracts for foster parents will also assist in decreasing repeat maltreatment. HB 1453 established that foster parents will meet performance based criteria prior to licensing. A Professional Family Development Plan (PFDP) will be incorporated into the foster parents licensing rules. The performance based criteria required for the PFDP will be established and CD staff will be informed of the new requirements for foster parents. CD staff will be trained on how to assist the family in developing and implementing a PFDP. The resources necessary for foster families to successfully implement PFDP will be identified. Due to the requirements of HB 1453, the Professional Development and Training Unit is very busy developing and providing trainings, however, the new PFDP will be initiated for all new and reassessed foster parents and the PFDP will be reviewed at each reassessment for licensure.

<b>Safety Outcome 2: Children are safely maintained in their homes whenever possible and appropriate.</b>
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**Item 3: Services to family to protect child(ren) in home and prevent removal**

The CFSR found the agency had not consistently assessed the needs of and made provision for services for the child, parents, and foster parents to meet identified issues. One problem included incomplete assessments for parents and children. It was noted that some Stakeholders reported the Children's Division was effective in assessing needs and identifying services, but service access was difficult. In some instances, funding of services for family members was a challenge.

Since the late 1990's, Missouri has been moving to a policy and practice which requires family and community involvement through the Family-Centered philosophy, and Family Support Team practice. As policy and practice has evolved over time, additional assessment tools have been added. As a result, assessment tools have become disjointed and may be lacking comprehensive views in case planning. Symptoms are addressed but underlying issues may not be identified. Goals tend to be general, are not behaviorally specific, and in some circuits in the state, may be driven more by the courts than the Family Support Team or based on identified assessed needs. Services to children and families tend to follow a cookie cutter approach and do not address the needs of the underlying issues of the family and the child. Examples of this are treatment plans and court orders requiring broad services like parenting classes instead of targeting specific outcomes such as new skill acquisition and how demonstration of that skill will prevent future harm.

(S2.3.1) As the agency moves forward with new programs and assessments, care will need to be taken to assure assessments and case plans compliment one another. To achieve this goal, technical assistance from The National Child Welfare Resource Center for Family-Centered Practice was sought. The resource center conducted a gap analysis of the family assessment (CD-14) and child assessment and case plan (CS-1). Based on this analysis, the family assessment tool (CD-14) has been revised and is scheduled for field testing in the second circuit. Once input from the field test is evaluated and analyzed, adjustments to the CD-14 will be made and the revised policy and revised CD-14 will be distributed to all staff.

(S2.3.2) Strengthening workers' family engagement skills through training and supervision will enhance the Family Support Team process and assist in assuring those at the table have a voice in planning. Focus groups composed of workers, supervisors and circuit managers were conducted in four circuits across the state to identify clinical support needs. Information from focus groups, PRR, and consumer surveys has been analyzed and incorporated into a training curriculum for workers and front line supervisors. The Family Assessment and Service Planning training for workers and Supplemental Supervisory training will be utilized in the field to assist staff in engaging families and in case plan development. Twenty sessions of Supplemental Supervisory training will be available across the state to train all front line supervisors. Twenty sessions of Family Assessment and Service Planning training will be available to train

selected staff as trainers, who will in turn provide the training to other staff in their county or circuit. The curriculum will include topics such as service planning, basic writing skills and concurrent planning.

(S2.3.3) Improvement in supervisory capacity to monitor case planning practice is critical to quality supervision. The division continues to review and refine the standardized supervisory case review tool that will be used by supervisors to ensure best practice and to assist them in their clinical consultations with supervisees. Existing supervisory case review tools were reviewed and evaluated to create a draft of the supervisory case review tool (SCRT). The division will continue to field test the SCRT and will provide feedback to a review team. Based on this feedback, the tool will be revised and protocols for use of the SCRT will be established. To ensure integrity of the data collected, the SCRT will be automated. Once the SCRT is distributed and used statewide, baseline measures for the tool will be established.

(S2.3.4) In-home services are available to children and families through Children Treatment Services (CTS) funds. Over the last few years, there has been a reduction in the overall state budget, which has resulted in confusion regarding the amount of dollars available through CTS for services. As a result of overall budget cuts, staff have used CTS funds sparingly, or not at all, accessing Medicaid services when available. Some concerns are that families are not receiving needed services due to failure to access CTS funds or there are long waiting lists for Medicaid services (such as counseling and dental services). This directly impacts the amount of services provided to intact families. Procedures to access various service funding streams will be established and put into a clear and concise service funding access grid that staff can use for quick reference.

(S2.3.5) In Aug 2004, SB 1003 was enacted establishing a plan for a comprehensive children's mental health system. This "System of Care" initiative has increased the level of cooperation among the child welfare, mental health, education and court systems. One goal of this initiative is to divert children from state custody who need mental health services but are not at risk of abuse or neglect from caretakers. The agencies recognize that for some children no one agency may have the ability and/or resources to adequately meet the multiple service needs of those struggling with psychiatric, developmental and/or substance abuse problems.

The "System of Care" is an effort to coordinate the resources of multiple agencies to remove system barriers that might otherwise result in children not accessing all needed services. Through judicial review of Family Support Team meetings, the division will determine which cases involve children in the system due exclusively to a need for mental health services, and identify the cases where no instance of abuse, neglect or abandonment exists. Individualized service plans are developed to identify which agencies will supply the appropriate services to the child. These plans are submitted to the court for approval and the child's family may actively participate in the plan. Children in need of only mental health services may be returned to the family's custody. Services must be provided in the least restrictive environment.

The Voluntary Placement Agreement (VPA) is a written agreement between the Children's Division and a parent, legal guardian or custodian of a child under age 18 in need of out of home placement. This provision allows the state to provide foster care services without a judicial determination. This will allow a parent or legal guardian to enter into a written agreement for the placement of a child seventeen years or younger needing mental health services into foster care or residential group care.

Continued cooperation and collaboration between the Children's Division and community partners will increase the ability to provide optimal care to the children and families of Missouri.

Dr. Ivor Groves and Ray Foster from Human Systems and Outcomes Incorporated have collaborated to tailor their Quality Service Review evaluation process, to the Missouri System of Care for children who have been identified as needing mental health services. This tool mirrors Missouri's current PDR process in that family members and providers are interviewed to assess the overall status of the child as well as the system's functioning. A multi-disciplinary review team made up of persons involved with the System of Care is conducting the reviews. An initial review site has been determined and the review date has been established.

#### **Item 4: Risk of Harm to Child**

(S2.4.1 refer to S1.2.1) SDM is a case assessment and management model designed to bring structure and consistency to the critical decision making process. The Children's Division is working to reduce the risk of harm to children by consistently implementing SDM statewide to assist staff in identifying high-risk families and providing the necessary services and level of resources based on their needs.

(S2.4.2 refer to S1.2.2) ASFA requires that at the time a child is placed, the safety of the placement is assured. Further, ASFA requires that the case plan include information on how the safety of the placement was considered and that a six month review be conducted of the safety of the placement. In an effort to comply with this ASFA requirement and ensure the safety of children in kinship and foster care placements, Missouri purchased the *Confirming Safe Environments (CSE)* curriculum, developed by ACTION for Child Protection. CSE is an ongoing work process used to assist staff in assessing and monitoring safety and risk to children placed in kinship or familial foster care settings.

(S2.4.3) Policy for enhanced background screening took effect after House Bill 1453, the Dominic James Memorial Foster Care Reform Act of 2004 was signed into law. Existing staff was made aware of the legislative changes through a memorandum from the division director and regional and local supervisory meetings with staff. Information was disseminated to new resource families and staff through STARS and Basic (Pre-service) training. Background screening requirements when licensing and re-licensing foster, kinship, relative and adoptive resources have been expanded to include court ordered providers. These enhancements will include registration with the Family Care

Safety Registry, fingerprints for criminal records searches by the Missouri State Highway Patrol and Federal Bureau of Investigation, searches of Case.net and circuit court records as well as contact with child protection agencies in previous states of residence.

(S2.4.4) The National Resource Center for Youth Services at the University of Oklahoma was contacted by the Residential Program Unit (RPU) to help develop the Culture of Care curriculum in working with licensed residential child care agencies to identify effective training, techniques and programs currently utilized to provide quality services to youth. RPU requested a particular emphasis to be placed on creating a safe, nurturing environment in residential facilities. Roundtable discussions were held with CEO's of the residential agencies to support the effort of training front line staff in the child care agencies. Two train-the-trainer sessions were held in Kansas City and St. Louis for residential licensed providers. The curriculum's premises include children and youth in residential care:

1. must receive services that do more than focus on problems or deficits;
2. and their families must be engaged and actively involved in all aspects of the services they receive;
3. must have opportunities to establish caring relationships in their lives;
4. must be served in programs that take into account environmental influences on growth and progress;
5. must be served in programs that collaborate and form partnerships with a number of resources.

These premises support a competency based approach and focuses on strengths of young people rather than the problems they exhibit. By supporting strengths, we can provide a safe and nurturing environment which translates to more effective care for young people and a reduction in the preponderance of evidence reports received by the residential child care agencies.

(S2.4.5 refer to S2.3.1) Risk of harm is reduced when quality assessments are done. To achieve this goal, technical assistance from The National Child Welfare Resource Center for Family-Centered Practice was sought. The resource center conducted a gap analysis of the family assessment (CD-14) and child assessment and case plan (CS-1). Based on this analysis, the family assessment tool (CD-14) has been revised and is scheduled for field testing in the second circuit. Once input from the field test is evaluated and analyzed, adjustments to the CD-14 will be made and the revised policy and revised CD-14 will be distributed to all staff.

<b>Permanency Outcome 1: Children have permanency and stability in their living situations.</b>
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#### **Item 5: Foster Care Re-Entries**

This item was found to be substantially achieved.

## **Item 6: Stability of Foster Care Placement**

(P1.6.1) Missouri's legacy system does not support the ability to track all kinship placement types, therefore, it does not accurately report the number of kinship placements for children in care. The Children's Division will resolve this issue by creating system logic that will enable the system to track the various kinship placement types and identify kin as related and non-related as well as licensed and non-licensed. Once the logic and system changes are completed, policy reflecting these changes will be updated and distributed to staff.

(P1.6.2) Early identification of kinship providers is an important step in ensuring stability of foster care placements. Kin may be identified through an assessment tool given to the family as well as through continued searching by the worker throughout the life of the case. This topic should continually be discussed at Family Support Team meetings if there is no identified permanent placement resource. The Children's Division's will partner with the Family Support Division and the Office of the State Courts Administrator to establish a protocol to utilizing already established mechanisms to expand diligent search efforts. Agreements will also be established with other state agencies to access their databases in diligent search efforts. Once these resources are available to the Division, policy will be distributed to staff.

(P.1.6.3) Family Support Team meetings provide an excellent medium to staff cases and address issues with a multidisciplinary team of individuals. In July 2004, HB 1453 was enacted. One component of this legislation requires the CD to conduct a Family Support Team meeting prior to or immediately after an impending move. This allows the family to benefit from services from community agencies in order to prevent removal. At the time of the Family Support Team meeting, concurrent planning takes place and efforts are made to identify relatives in case removal does ultimately become necessary. This meeting assists in identifying the needs of the child and the family, thus preventing further moves and increasing the stability of the child so that their number of placements will be minimal. The ACTS system is being enhanced to better track Family Support Team meetings. Further quality assurance monitoring of Family Support Teams will occur by updating the peer record review and supervisory case review tools.

(P.1.6.4) Issues regarding resource families transect all aspects of permanency. Unless needs regarding resource families are addressed, improved performance in all aspects of permanency will be severely compromised. An area needing intensive focus is the overall increase in available foster, adoptive and kinship resource families. To make the best possible match when children first come into care, a wide variety of resource providers is needed. Otherwise, children experience increased moves, delays in achieving adoptive permanence, increased trauma and the youth's development is hampered rendering attempts at independent living and other planned permanent arrangements less successful.



Identifying the number and type of resource families in each circuit is the first step in increasing the number of resource families available. Contracts exist for this purpose, however, there is a renewed focus on their efficiency and performance-based use. The Children's Division accessed technical assistance and performance based contracts are being developed. The CD will implement and monitor these contracts for improvement. Better support of licensing and recruitment staff will enhance their functioning. A plan for developing incoming calls and inquiries regarding foster/adoptive care needs to be devised, maintained, evaluated and refined. This plan and our recruitment efforts will be coordinated with national recruitment efforts and Missouri will maximize the use of Federal programs in this area. Once the contracts are awarded, the resource and recruitment contractors will review the circuit self-assessments to determine resource family needs and develop a recruitment plan for each circuit.

(P.1.6.5) Older youth continue to be a priority in developing an effective recruitment plan. The number of older youth waiting for permanency continues to increase and is a national issue. A video, starring Missouri youth, has been developed and distributed across the state for use in recruitment of families for youth. These videos will be used in pre-service foster parent training classes.

In June, 2004, The Collaboration to AdoptUSKids launched a national media campaign, which will be three years in length. The focus of this campaign is recruitment of resource providers for older youth. The Recruitment Response Team for Missouri will maintain contact with prospective foster/adoptive families that respond to this campaign and assist these families in getting enrolled in Foster/Adoptive parent training. The current resource contract is currently under reconstruction, and will address the need for our contractors to focus on recruitment of resource families for older youth.

Resource Development contracts have been awarded for the last several years. These contracts are in the process of being re-written to include performance-based requirements that will allow our agency to utilize these resources more effectively. Contracts will be revised to recruit families that reflect racial and ethnic populations, homes for sibling groups, older children, and children with various emotional, behavioral, educational, and medical needs.

The Children's Division recruitment plan has two components: a group of core activities for which Central Office and every county office will be responsible, and a group of optional activities from which offices may select. Through these activities the division desires to reach all potential families regardless of their cultural and socioeconomic status. Recruitment efforts are carried out in all areas of the state to meet the needs of all of Missouri's Children that are waiting to be adopted.

(P1.6.6) Successfully matching children with out-of-home providers upon their entry into care should decrease the number of moves a child makes while in care. There are believed to be some "critical factors" in matching which may impact placement stability. Such factors include the difference between the age of caregiver and the age of child, placement of children in non-same race homes, keeping large sibling groups together,

etc. To strengthen the matching process the Children's Division will access technical assistance from the National Resource Center for Family Centered Practice and Permanency Planning to identify the "critical" factors in placement success/failure. A survey will also be conducted with resource families to identify factors in placement success/failure. Once these factors are identified, a tool will be developed to assist in the team decision-making process, and policy will be developed and shared with staff.

(P1.6.7) Placement stability is also dependent upon quality training being provided to placement providers. The agency has training for kinship/relative resource providers called the Caregiver Who Knows the Child, which is an abbreviated version of the STARS curriculum used for licensing foster parents. Adequacy of this curriculum in educating and preparing the provider to care for the child in their home will be evaluated through a survey to all current kinship/relative providers. The supports provided to kinship/relative providers will also be evaluated through this survey to determine effectiveness. Once the evaluation is complete, the information will be analyzed and changes, as determined to be necessary, will be incorporated into the existing curriculum.

#### **Item 7: Permanency goal for child**

(P1.7.1) Per division policy, Family Support Team meetings are to occur within certain time frames. In addition to being required before or immediately after an impending move, they are to occur within 24 and 72 hours and 30 days of a child coming into division custody. Additionally, the Family Support Team is convened monthly until adjudication and every 6 months thereafter. At each meeting the child(ren)'s case goal is re-evaluated by a multi-disciplinary team to determine appropriateness. Good case planning and review of the permanency goal is dependent upon Family Support Team meetings occurring with the frequency indicated per policy as well as ensuring the permanency goal is reviewed with regularity in the meetings.

In order to improve the frequency per policy of Family Support Team meetings, Circuit Managers will analyze the Family Support Team meeting data during their circuit self-assessment. They will then initiate a corrective action plan as needed and be assisted by the PET members in monitoring for improvement.

(P1.7.2) The quality of Family Support Teams will be improved by ensuring the permanency goal is reviewed and established with the multi-disciplinary team. The permanency goal will be established and reviewed within 30 days and at least every six months thereafter during the permanency reviews. System fields and coding changes were made to the ACTS system so permanency reviews could be tracked separately from Family Support Team meetings. Policy on the elements required for a Family Support Team meeting to be considered permanency review is being developed and disseminated to all staff. These system and policy changes will be integrated into BASIC training.

Quality Family Support Team meetings are also dependent upon the skill of the facilitator. CD Children's Service Workers typically facilitate these meetings. When Family Support Team meetings become overly contentious, it is challenging for the worker to be an effective facilitator. Therefore, "expert" facilitators will be identified in each region. These "experts" will serve as objective facilitators for more contentious and difficult Family Support Team meetings. A protocol will be developed for accessing the "expert" facilitator and the facilitators will receive advanced Family Support Team facilitator training. Information on the "expert" facilitator duties and access protocol will be distributed to all staff.

(P1.7.3) The CFSR indicated a concern that "true" concurrent planning was not taking place consistently across the state. The case file may reflect a concurrent goal; however no concurrent efforts are being acted upon. True concurrent planning will help expedite the achievement of the case goal in that equal efforts are occurring simultaneously for two different goals. Currently, the Children's Division's Child Welfare Manual does not provide clear guidelines on how to facilitate "true" concurrent planning.

The Division owns the Concurrent Planning curriculum developed by Hunter College. Currently newly hired social service front line staff are trained on concurrent planning in the child welfare practice basic orientation. However, to strengthen skill practice in this area there will be advanced in-service module developed that will be provided to new staff in their first year of employment. This advanced in-service module will further address engagement skills, goal setting, change, effective resources, road blocks, courtroom skills, quality of contact with parents and working with parents regarding their denial for need for care. Although this in-service module is being developed as part of the new service workers required training, existing staff will also be allowed to attend as needed. The manual will be updated with a concurrent planning section where staff can obtain information as needed. Circuit Managers will monitor the concurrent planning outcomes through the PRR tool and the PET will assist in developing improvement plans.

Materials gathered from the National Resource Center for Family Centered Services will be utilized in the development of the curriculum. In addition to the existing training on concurrent planning as well as the in-service curriculum development, Children's Division has a training partnership with the Office of State Courts Administrator, which will include training on concurrent planning. A multi-regional conference is being planned for the spring of 2005 which will cover a variety of practice and procedural issues for juvenile court, Children's Division and Department of Mental Health staff.

(P1.7.4) Establishing a permanency goal for a child is key to determining the case plan. It is imperative staff understand family dynamics and case situations and how those impact the permanent plan for the child and family. ASFA provides some guidance on situations which immediately cause a case goal to be adoption. Collaboration with the courts to provide cross training to new judiciary, court staff, GAL's and Children's Division staff on ASFA and permanency hearings will assure consistency across the

state regarding state and federal regulations. The Children's Division will partner with the Office of the State Courts Administrator (OSCA) to develop a training curriculum.

#### **Item 8: Reunification, Guardianship, or Permanent Placement with Relatives**

(P1.8.1) CFSR results indicated an overall lack of services were provided to children in legal status 2 (temporary custody with adoptive parents), legal status 3 (supervision only by the Children's Division), and legal status 4 (care and custody with juvenile court or other agency). As these children are not in the division's legal custody, the Child Welfare Manual may not provide enough guidance to staff on what their duties and responsibilities are when managing these types of cases. In order to address this issue, the division is retrieving data from the Legacy system. Central Office has sent lists of children in LS-2, LS-3, and LS-4 to regional staff (LS-4's were those children who did not meet ICPC criteria). Regional staff will review their lists, which shows where each child is residing to see if the child is placed incorrectly by legal status. Once these lists are "cleaned up" and children are placed more accurately by their legal statuses, it is anticipated there will be few children left on these lists. A workgroup will be convened to examine this data to determine how many children specifically fall into these categories as well as their overall outcomes. The workgroup will include Office of State Courts Administrator (OSCA), the Division of Legal Services and CD staff from both rural and metro sites in the state. Additionally, special case reviews will be conducted on a random sample of these legal statuses. The Children's Division will meet with the Division of Legal Services to determine the legal obligations the division has in these types of situations. Once these steps are accomplished, policy and protocol on division staff roles and responsibilities will be revised and a decision regarding the definition of children in the AFCARS population will be made. Once policy is firmed up on these legal statuses, quality assistance can be monitored through the Peer Record Review process.

(P1.8.2 refer to S2.3.4) Shortening the length of time in which permanency is achieved is dependent upon services being provided to the family. Procedures to access various service funding streams will be established and put into a clear and concise service funding access grid that staff can use for quick reference.

(P1.8.3 refer to P1.7.1) The Family Support Team meeting is the setting for developing a service plan to achieve the child's case goal. The FST meetings are intended to support the family in making changes to assure safety and permanency for the child. By increasing the frequency and timeliness per policy of Family Support Team meetings the Children's Division will improve stability, assist the family in reaching the case goal more quickly, and conduct better aftercare planning to reduce re-entries.

(P1.8.4 refer to P1.7.2) Quality as well as timely FST meetings will assist families in achieving their case goal sooner. Establishing the permanency goal early on and regularly reviewing the goal assures that all team members have a common understanding about what the family is trying to achieve.

(P1.8.5 and P1.8.6 refer to P1.7.5) Collaboration between court staff and the Children's Division to ensure consistency of ASFA and Permanency hearings will impact the ability to work towards reunification and permanency with relatives. Additionally, there will be a collaborative effort to provide cross training to the judiciary, court staff, GALs and CD staff on their various roles and responsibilities. A contract has already been developed to provide this training and meetings between OSCA and the CD will be held to discuss the roles and responsibilities of all parties.

(P1.8.7 and P1.8.8) To establish the goal of guardianship more expeditiously, Missouri law will need to be amended to allow Juvenile Courts the ability to enter temporary custody orders and transfer jurisdiction to Probate and Circuit Courts. To do this, the Children's Division will work in conjunction with the OSCA and DLS to draft a proposal to expedite guardianship. Each circuit will also work concurrently with their court to determine which strategy will expedite guardianship for children placed with relatives in CD custody. In addition, once logic has been created, coding changes in Legacy will track additional kinship placement types and show children are correctly placed by legal status, which will expedite permanency for children.

## **Item 9: Adoption**

(P1.9.1) Filing procedures for Termination of Parental Rights (TPR) vary across the state. Filing issues and docket management will be best resolved when completed on a circuit-by-circuit basis. However, the first step is for the court and the Children's Division to have a common understanding on the criteria a case must meet in order to pursue TPR. The Children's Division will develop policy outlining supervisor and staff responsibilities in filing TPR, including documentation of compelling reasons for not filing TPR. Each circuit office will meet with their judiciary to establish a process for expeditious filing of TPR case.

(P1.9.2 refer to P1.6.5) An increase in the number of resource families is essential in the Division's ability to find adoptive resources for the children in need of permanency. By awarding performance based permanency and resource contracts, as well as increasing the number of staff as needed throughout the state, the Division's ability to increase the number of home studies for prospective families will increase. The contracts will provide performance expectations for contracted services, which will net the Division with better equipped adoptive families. A workload staffing analysis will be conducted to determine staffing needs for completion of home studies and finalizing adoptions. Additional resources will be committed as needed per available resources.

(P1.9.3 and P1.9.4) As stated in the final report, the most significant barrier to achieving adoptions was the agency's failure to file for TPR in a timely manner. In many cases, the Juvenile Office files a petition for TPR; however, it is also the prerogative of the agency to do so when in the child's best interest. Improved access to legal representation will allow the Children's Division staff to file terminations and adoptions timely. Current legal resources are scant due to budgetary cuts to the Division and to the court system as well as an increase in children needing

permanency. In July of 2004, the Division of Legal Services (DLS) identified a plan to fill vacant FTE's or contract for attorneys. The additional attorneys are being hired and placed in areas of need. Further, DLS and the law schools will identify and seek other funding sources for the expansion of the law school cooperative program. The Children's Division and DLS will establish a workgroup to develop a protocol for accessing DLS attorneys. Monitoring will occur by a CD and DLS joint committee for improvement.

#### **Item 10: Permanency goal of other planned permanent living arrangement**

(P1.10.1 refer to P1.6.5) Much of the success of youth, who have a case goal of another planned permanent living arrangement, is dependent upon their preparation for eventual independence and support system after independence occurs. The foster parents of these youth must be prepared to assist them in working on their independent living skills. To increase the number and quality of resource families for older youth, the division will implement the recruitment and retention plan developed through the Chafee program, the Adopt US Kids campaign, and development of the recruitment and resource development contracts. Additionally, the Ready, Set, Fly curriculum for foster parents with older youth and the Chafee recruitment video will be incorporated into foster parent training.

(P1.10.2) Each year many youth are served through the Independent Living Program (ILP) due to the dedication and commitment of the ILP staff. However, increasing awareness of the program to CD staff, juvenile court and other youth serving agencies must be an ongoing process. Increasing awareness of the Education and Training Vouchers program as well as other Chafee services is a priority for Missouri's ILP. Informational meetings, seminars and workshops has been available to staff and community providers beginning with the annual Chafee stakeholder meetings. ILP staff has been working to design an ETV poster for distribution to secondary and higher educational institutions. An information memorandum will be written and disseminated to staff about the importance of involving ILP staff in the case planning process for older youth.

(P1.10.3) CD recognizes the importance of serving youth younger than age 16 through the ILP. In FY 2004, ILP staff worked diligently to design a hands on curriculum for youth younger than age 16. Missouri's philosophy for its youth in care is one of empowerment, leadership and responsibility. Each year the State Youth Advisory Board designs and hosts an youth empowerment conference to promote foster youth reaching out through community services, encourage and strengthen positive youth and adult relationships, and educating youth and adults about available resources.

One consistent recommendation from the Chafee stakeholder meetings held throughout the state in 2004 was to designate an adolescent worker position. Such a position would increase program accessibility and aware to youth, CD staff, juvenile court and other youth serving agencies. A workgroup will be convened to identify workers and design a training plan. In addition a CD memo will be written and disseminated to all

CD staff to involve ILP staff in the case planning process for older youth and to increase youth referrals to the Chafee program.

**Permanency Outcome 2: The continuity of family relationships and connections is preserved for children.**

**Item 11: Proximity of foster care placements.**

This item was found to be substantially achieved.

**Item 12: Placement with siblings.**

This item focuses on a child's placement while they and their sibling(s) are in a foster care setting. Most of the stakeholders interviewed for the CFSR indicate that the agency attempts to place siblings together. The Children's Division has policy, which supports placement of siblings in the same alternative care setting.

(P2.12.1) In order to increase the number of siblings placed together, the agency developed a policy requiring a Family Support Team (FST) meeting be held prior to separating siblings and strengthened policy addressing the continual need for maintaining sibling relationships. Through the FST process, potential placement resources that would accept sibling groups may be discovered. Anticipated impact on the children will be fewer siblings separated and preserving connections and relationships between the siblings. These policy requirements were incorporated into the Peer Record Review and the Supervisory Case Review Tools and will be monitored by Circuit Managers.

If a placement resource for the sibling group cannot be secured, and the siblings are separated, an administrative review process needs to occur. The agency will develop an administrative level review to occur within 30 days of the siblings' separation. Circuit Managers, regional staff and, as necessary, Central Office staff will review such cases in which the sibling group has been separated for 30 days. The purpose of the review will be to evaluate whether all viable options have been exhausted and determine if a subsequent FST meeting needs to occur to track case progress, including each child's current state of well-being, placement appropriateness, and placement options. Recommendations and feedback from the administrative review will be provided to the worker and his/her supervisor.

(P2.12.2 refer to P1.7.5) To augment this policy enhancement, the agency will also develop an ongoing training module regarding sibling placements for staff, foster parents, juvenile officers, GALs and judges. In order to accomplish this, the agency will develop a curriculum that emphasizes the importance of placing siblings together whenever possible by presenting information on sibling bonds, sibling rivalries, and the long-term effects of separation, etc. This training curriculum will be incorporated into foster parent training and the advanced Family-Centered Out-of-Home in-service training module for staff.

(P2.12.3 refer to P1.6.5) Increasing the number of resource families whom will accept sibling groups is critical to increasing the number of siblings placed together. The performance development resource contracts will be utilized for this purpose.

### **Item 13: Visiting with Parents and siblings in foster care**

(P2.13.1) The agency has policy that addresses frequency of visitation. Visitation between parents and siblings of children in foster care is arranged on an individual basis and is intended to occur in either a neutral setting or in the out-of-home care placement. The agency recognizes the need to enhance policy to improve the quality and frequency of visitation between the child and their parents and siblings, through the use of community partners (such as relative, foster parent, school or other Family Support Team member) when possible. This enhanced visitation policy will emphasize that visitation should have intention and be held in the least intrusive and most natural setting. The enhanced visitation policy will be incorporated into BASIC and on-going training and incorporated into the Peer Record Review and Supervisory Case Review tools. Circuit Managers will monitor this data and PET teams will assist them in developing improvement plans.

### **Item 14: Preserving Connections**

(P2.14.1) During the onsite review stakeholders stated that the Children's Division is not consistent in its efforts to promote and maintain children's connections with community and extended family. The Annie E. Casey Foundation, in consultation with community leaders and child welfare practitioners nationwide, has developed a reform initiative called Family to Family, which will address this issue. The system envisioned by Family to Family is designed to:

- Be targeted to bring children in congregate or institutional care back to their neighborhoods;
- Involve foster families as team members in family reunification efforts;
- Become a neighborhood resource for children and families and invest in the capacity of communities from which the foster care population comes;
- Provide permanent families for children in a timely manner.

This initiative is being piloted in St. Louis City. CD will evaluate the effectiveness of the program and feasibility for implementing the program statewide. Based on results of Family to Family evaluation and review of other state's best practices the division will determine statewide applicability. A statewide plan to address preserving connections will then be developed.

(P2.14.2 refer to P1.6.2) Improving diligent search for relative and missing parents will also assist the division in preserving connections for children in care.

(P2.14.3) The agency recognizes that children of American Indian descent need to maintain familial connection to encourage continued growth and learning of cultural



traditions, activities and lifestyles. The agency has revised Missouri's Indian Child Welfare Act (ICWA) policy to reflect best practice standards. Questions about Native American heritage will be incorporated into the intake tool (CPS-1) and family assessment tool (CD-14) to ensure the possibility of Native American heritage is explored early in the division's involvement with a child and family. This will be monitored by adding an ICWA question to the Peer Record Review and the Supervisory Case Review tools.

### **Item 15: Relative Placement**

The agency views placement with relatives as a priority and makes concerted efforts to seek relatives as placement resources.

(P2.15.1 refer to P1.6.1) Alternative Care tracking system enhancements will be made to accurately track the use of kinship and relative placements.

(P2.15.2 refer to P2.15.2) Conducting a "diligent search" is necessary to find missing parents early in the case to ascertain parents' intentions regarding the child(ren). It is also used to search for relatives to find the best possible placement for the child, which will lead to a quick and permanent solution for the child's care.

(P2.15.3 refer to P1.6.2) The training provided for relative/kinship resource families needs evaluation. Relative and kinship caregivers will be surveyed on the adequacy of the Caregiver Who Knows the Child training curriculum. Data from the survey will be collected and analyzed and necessary adjustments will be made to the curriculum.

### **Item 16: Relationship of Children in Care with Parents**

A key concern found in the CFSR was a lack of consistent effort to maintain children's relationships with the non-custodial parent; specifically noted were fathers.

(P2.16.1) Conducting a "diligent search" is necessary to find missing parents early in the case to ascertain parents' intentions regarding the child(ren).

(P2.16.2 refer to S2.3.2) Once parents are located, engagement of the parents throughout the case planning and decision making process is crucial to maintaining parent and child relationships. Strengthening worker and supervisor skills in engaging families in the assessment and case planning process will strengthen parent/child relationships.

### **Item 17: Needs and services of child, parents, foster parents**

(WB1.17.1 refer to S2.3.1) Missouri policy requires an initial assessment of the family be completed within 30 days of receipt of a Hotline referral. A more in-depth family assessment (CD-14) is completed on the family if the case is open longer than 30 days. This assessment includes utilizing tools such as the genogram, eco-map, and timeline.

While these tools are helpful in engaging the family, the CD-14 will be revised to better link service provision to the needs of the family.

(WB1.17.2 refer to S2.3.2) Family engagement in the assessment process is crucial to identification of needs and improved case planning.

(WB1.17.3 refer to S1.2.2) Assessing need and the provision of services for alternative care providers will be accomplished through the implementation of the “Confirming Safe Environments” work process.

<b>Well Being Outcome 1: Families have enhanced capacity to provide for children’s needs.</b>
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**Item 18: Child and family involvement in case planning**

(WB1.18.1) Involving parents (including pre-adoptive parents or permanent caregivers) and children in identifying the services and goals included in the case plan were found to be an area needing improvement in Missouri. Stakeholders noted that parents were invited to attend FST meetings; however, parents may perceive their issues or concerns are not heard or incorporated into the planning process. A protocol will be establish to access CD staff outside of regular business hours.

(WB1.18.2 refer to P1.7.3) Improving the quality of the Family Support Team meetings will assist in increased family participation in the case planning process.

(WB1.18.3) One way to assure the needs of children and families are met is to inform individuals of their rights and responsibilities during the time their child is in an alternative care placement. A handbook, outlining information such as court proceedings, case planning meetings, legal representation, financial responsibilities, etc., will be developed and shared with parents to guide and assist them during this time. Existing documents will be reviewed to develop one handbook used consistently throughout the state. This will be field tested by consumers and their input will be solicited. Based on this input, revisions to the handbook will be made. Policy regarding the handbook will be submitted to the Policy Review Team for comment by field staff. After final revisions are made, the handbook and accompanying policy will be distributed to all staff.

**Item 19: Caseworker visits with child**

The CFSR found the level of face-to-face contact between children’s service workers and the children in their caseloads was not consistently sufficient to ensure children’s safety and well being and promote case goals. This was especially evident for in-home services cases. In other cases, visits failed to focus on issues pertinent to case planning, service delivery and goal attainment.

WB1.19.1 & 19.2) In order to increase policy compliance for the frequency of worker visits with children in both intact and out-of-home families, policy regarding responsibility for visits and the documentation is needed when visits did not occur in a timely way will be clarified. Currently policy requires workers to meet with the child and foster/kinship family within the first week and thereafter a minimum of every two weeks to monitor placement. New protocols that assure worker visits incorporate case planning, service delivery and goal attainment will be developed. These protocols will be determined by the visitation policy and practice workgroup and submitted to the Policy Review Team and executive management staff for feedback prior to approval by the executive team and implementation. Visit protocols will be incorporated into BASIC training for new staff. Furthermore, supervisor and staff field practice will be improved and supported through utilization of the regional Practice Evaluation Teams (PETs). Protocols will include the Confirming Safe Environments concepts discussed in Item 2 narrative.

(WB1.19.3) A statewide tracking measure, which will serve as the basis for a management report, is needed as a means of measuring and improving caseworker visits. Using current information systems, it is difficult to monitor past or current compliance. A visitation policy and practice team will be convened to develop policy on visitation re: how often; what should take place during visits and possibly used as accountability of tracking where children are. To track visits electronically, enhancements to the existing ACTS and FCS system will be made. Children's Division staff will meet with MIS SACWIS management to develop logic and a reporting format for tracking visits. SACWIS will be available to track visitation in the Case Management System.

## **Item 20: Worker Visits with Parents**

(WB1.20.1 and WB1.20.2) The CFSR found that worker visits with parents was an area needing improvement. The CFSR results indicated that, overall, the frequency and quality of worker visits with both mothers and fathers were not sufficient to monitor the safety and well being of the child or promote attainment of case goal. The Family Risk Assessment/Reassessment is a reliable tool used to assess risk to children. The risk level is used to guide the minimum amount of contact with the family each month for cases opened for ongoing services. CD minimum guidelines for very high risk families require workers to have two face-to-face/month contacts with the family and three outside collateral contacts/month. High risk level cases require one face-to-face and three collateral contacts/month. Moderate risk requires one face-to-face and two collateral/month and low risk requires one face-to-face and one collateral contact/month. The PRR will be revised to more accurately reflect the collateral contacts which are required.

The action steps necessary to enhance worker/parent visitation are the similar to those outlined in the first three benchmarks in Item 19 which include: developing clear protocols for quality visits with parents that focus on case planning, service delivery and goal attainment, clarifying policy on frequency of visits with parents and making changes to the ACTS and FCS systems to track visits with parents. The division will

also strengthen relationships between the worker and resource provider by integrating the quality visit protocol into foster parent training and evaluating the Caregiver Who Knows the Child training.

**Well Being Outcome 2: Children receive services to meet their educational needs.**

**Item 21: Children receive appropriate services to meet their educational needs.**

(WB2.21.1) This indicator focuses on addressing and meeting the educational needs of children in foster care and in-home services cases. Key concerns addressed in the CFSR report had to do with truancy and educational neglect in the in-home services cases reviewed. Of note was the adverse effect of placement changes on school attendance and performance. Strengthening and promoting positive relationships between schools and the division is critical to improving the educational well-being of children in both intact families and out-of-home care.

The first step in improving these relationships is to have educational personnel/liaisons involved in the team decision-making process. Therefore, protocols establishing when educational personnel should be invited to Family Support Team meetings will be developed.

The Children's Division and many school districts are partnered to provide the School Based Social Worker (SBSW) Program. The rationale for this program is the prevention and early identification of children at possible risk of child abuse and neglect or other barriers that would limit full potential for success in the school setting. Missouri school districts interested in the SBSW program can submit a proposal for a Cooperative Service Program. The division pays 35 percent and the school pays 65 percent of the salary for the SBSW. The function of the SBSW broadens the expanse of services available to the child and family, differing in focus and job duties than the traditional guidance school counselor. The goal is for all parties involved to collaborate, enhance and complement the type of services provided to ensure the best interests of the child.

Even when educators are included in FST's, there will still be instances when division staff needs additional assistance in advocating for the educational needs of children. For this reason, educational liaisons will be regionally assigned to assist staff in brokering educational services. This staff person will have the knowledge and expertise to help guide children through the educational system, especially as it relates to special educational needs issues and the Safe Schools Act.

The circuit self-assessment completed within each circuit will identify local barriers to providing appropriate educational services to children. Based on this assessment, a plan for addressing the local barriers with schools will be completed and implemented in each circuit. In addition, Children's Division central office administration will partner with the administration of the Department of Elementary and Secondary Education (DESE) to address identified barriers at the state level.

(WB2.21.2) To improve the flow of educational records and reports between schools, a protocol will be developed for children in care to allow for custodial permission to access the educational and medical records necessary for enrollment. The regional educational liaison will also be used to work with schools and staff in getting records for enrollment when difficulties arise. In addition, accountability measures for transferring educational records will be incorporated into the residential facility contracts to ensure these facilities are transferring records in a timely manner.

(WB2.21.3 and WB2.21.4) Incidence of educational neglect, truancy and suspensions of children in both intact families and out-of-home negatively affect educational well-being. The National Resource Center on Organizational Improvement Child Protective Services and other national education resources will be accessed to assist in identifying risk factors for educational neglect, truancy and suspensions. Early identification of these risk factors will be incorporated into the CS-1 (Child Assessment and Case Plan) and the CD-14 (Family Assessment). A protocol for accessing early interventions for students found to be at risk and for children expelled due to implementation of the Safe Schools Act will be developed. The draft protocol will be distributed and implemented statewide.

### **Well Being Outcome 3: Children receive adequate services to meet their physical and mental health needs**

#### **Item 22: Physical health of the child**

Stakeholders indicated the Children's Division is consistent in ensuring the physical needs of the child in foster care are met. However, in some parts of the state, it is difficult to find a dentist that will accept Medicaid. This causes a lack of sufficient dental services for some children in foster care.

(WB3.22.1) In order to increase the ability of division staff to access dental care for families, each circuit will identify existing dental resources through the circuit self-assessment. Additionally, a dental coordinator will be assigned in each region and Medicaid dental providers will be provided notice of the regional dental coordinator. This staff person will have full knowledge of dental resources and funding streams within the region. At the state level, the division will partner with the Division of Medical Services to assess and develop a plan to reduce the administrative burden on Medicaid dental providers. Additionally, the division will complete an assessment regarding expansion of the dental van program currently available in Jackson County.

Jackson County began partnering with a mobile dental group Reachout Healthcare America to schedule appointments for children to receive dental care at mobile sites in November 2003. Bridgeport, the dental subcontractor for MC+ plans to formalize agreements with Reachout to provide services for any Jackson County child with MC+ or Medicaid. A dentist, x-ray technician and a dental hygienist are available each visit to provide routine dental work including cleaning, oral hygiene, fluoride treatments, sealants, and fillings. More complicated and orthodontic services are not provided at

the mobile site. The Jackson County dental coordinator has been communicating with Reachout to inquire about what other cities the mobile dental group visits and the possibility of expanding this service to other children eligible for MC+ or Medicaid in other parts of the state.

(WB3.22.2) Another concern identified was the lack of medical services for intact families. The Children's Division will increase the ability of staff to assess medical needs of families. To identify needs with intact families, the CD-14 (Family Assessment) will be revised to include an assessment of medical needs for each person in the family. The revised form and form instructions will be issued to all staff. Circuit Managers will be assisted by quality assurance specialist to monitor the Supervisory Case Review outcomes. Regional Practice Evaluation Teams (PETs) will be utilized to support practice protocols related to medical needs assessment.

### **Item 23: Mental health needs of the child**

Stakeholders indicated there are insufficient mental health services to meet the needs of children in foster care and in-home services cases in many areas of the state. Stakeholders also noted the agency has difficulty obtaining psychological services and substance abuse treatment services for children through state mental health agencies. Specific concerns included a lack of qualified therapists who understand child abuse and neglect, services for dually diagnosed children and services for children with a diagnosis of mental retardation and developmental disabilities.

(WB3.23.1) The Children's Division will increase the ability of staff, foster parents and families to access available mental health resources. Mental health resources will be identified in each circuit through the circuit self-assessment and a mental health coordinator will be designated in each region to assist staff in accessing available resources for families. These coordinators will convene teams to identify local barriers and develop plans to alleviate barriers and create partnerships to improve service delivery in the mental health arena. In an effort to encourage mental health providers to accept Medicaid, the division will work with the Division of Medical Services to reduce the administrative burden on Medicaid providers. Additionally, the development of the comprehensive state children's mental health plan discussed in Item 3 will coordinate the resources of multiple agencies and remove system barriers that might otherwise result in children not accessing all needed services.

(WB.3.23.2) Staff and foster parents must be cognizant of the mental health trauma a child may experience due to removal from the home and subsequent changes in placement. To increase awareness about these attachment and mental health issues, attachment issues training will be incorporated into the ongoing training curriculum. Implementation of HB 1453 will assist in reducing the number of moves a child in care experiences, thus reducing attachment-related trauma. Provisions within HB 1453 include mandatory Family Support Team meetings prior to any move or with 72 hours of an emergency move. Additional trainings entitled "Working with the Explosive Child",

“Grief and Loss”, and “Reactive Attachment Disorder” will be offered semi-annually to staff.

(WB3.23.3) Early identification of mental health needs is vital to ensuring the well-being of children and families. To assist staff in identifying these needs with intact families, the CD-14 (Family Assessment) will be revised to include an assessment of specific mental health needs of children and family members. The revised form and form instructions will be issued to all staff. Mental health needs assessment practice will then be supported through the use of Practice Evaluation Teams (PET) in each region.

## **Systemic Factors**

### **Statewide Information System**

**Item 24: System can identify the status, demographic characteristics, and location and goals of children in foster care.**

This item was found to be substantially achieved.

### **Case Review System**

**Item 25: Provides a process that ensures that each child has a written case plan to be developed jointly with the child’s parent(s) that includes the required provisions.**

This item was found to be an area needing improvement due to case plans not being developed jointly with the child’s parent on a consistent basis. Though policy and practice support a strength-based process that empowers families, there is a need to embed that approach within the organization and ensure the family does not feel they have little input into a plan that is dictated by the court and/or agency. There was a concern regarding "cookie-cutter" plans that don't address the underlying needs or build on the unique strengths and resources of a particular family. Clearly articulated values and principles, which are consistently reinforced in the field and shared by key stakeholders, are essential in order to change practice.

(25.1 refer to S2.3.1) Revising the assessment and case planning tools to be more user-friendly will assist with engaging families in the case planning process. The CD-14 will be revised to ensure a more a global assessment of family needs and strengths.

(25.2 refer to S2.3.2) Family participation in Family Support Team meetings is directly related to the engagement of the family by the worker and the amount of preparation (or lack thereof) of the family ahead of time.

(25.3 refer to S2.3.3) To ensure accountability for good social work practice, supervisors must have the capacity to monitor practice. The division will improve supervisor capacity to monitor case planning practices.

(25.4 refer to P1.6.2 and S2.3.2) Improving diligent search mechanisms will assist in maximizing familial participation in the case planning process. Strengthening worker and supervisor skills in engaging families in the case planning process will ensure plans are developed jointly with families.

(25.5) Improving the overall Family Support Team facilitation skills of staff will ensure that the family has input into the case planning process. Fundamental FST skill application has been a part of BASIC training. In February 2005, Professional Training and Development will roll out an enhanced/improved version of this skill application. A supplemental one day FST training will be offered to existing staff focusing on skills necessary to conduct effective FST meetings beginning in February 2005. Twenty-five sessions will be available through October 2005. In addition, the Advanced FST skill application will become available in February 2005. Twenty-five sessions will also be available throughout the state in 2005 with a concentrated focus on leading and modeling FST facilitation skills. The use of solution focused techniques will be demonstrated and practiced. The advanced FST facilitation training will be integrated into the advanced Family-Centered Out-of-Home Services in-service module in May 2006 and Advanced Family-Centered Services in-service module in September 2006.

**Item 26: Provides a process for the periodic review of the status of each child, no less frequently than once every 6 months, either by a court or by administrative review.**

The CFSR determined that FST meetings are not always held in a timely manner. Additionally, FSTs convened for the six month administrative review do not meet the Federal requirement of involving a third party participant.

(26.1) The current policy will be revised to clarify FST requirements/procedures. Once developed, the revised policy will be sent to the policy review team and management for comment. Revision will be made based upon review comments and distributed to all staff.

(26.2) Circuit Managers will recruit a pool of qualified volunteers to participate as third party reviewers for the six month administrative reviews. These reviewers will be assigned to case reviews by the Circuit Managers.

(26.3) In order to increase the ability to track the six month administrative review, the child assessment and case planning form (CS-1) will be revised to specifically denote the six month review. The revised form will be distributed to all staff. Additionally, Alternative Care Tracking System (ACTS) system logic will be developed and a field will be added to the SS-61 (ACTS form). Staff will only be able to enter a 6 month administrative review into the system and get credit for it if the 3<sup>rd</sup> party reviewer criteria has been met for that review.

**Item 27: Provides a process that ensures each child in foster care under the supervision of the State has a permanency hearing in a qualified court or**



**administrative body no later than 12 months from the date the child entered foster care and no less frequently than every 12 months thereafter.**

The CFSR determined the State does not consistently ensure that each child in foster care has a permanency hearing no later than 12 months from the date the child enters care and no less frequently than every 12 month thereafter. And, there is no statewide system in place for tracking the timeliness of permanency hearings. In addition, many of the 12-month hearings involve only “paper” reviews and full hearings are not being held unless one of the parties specifically requests it.

The Social Security Act, Title IV-E, SEC. 475 (5). [42 U.S.C. 675], mandates that states develop a case review system to assure “...each child in foster care under the supervision of the State has a permanency hearing, in a family or juvenile court or another court (including a tribal court) of competent jurisdiction, or by an administrative body appointed or approved by the court, no later than 12 months after the date the child is considered to have entered foster care (as determined under subparagraph (F) and not less frequently than every 12 months thereafter during the continuation of foster care which hearing shall determine the permanency plan for the child that includes whether, and if applicable when, the child will be returned to the parent, placed for adoption and the State will file a petition for termination of parental rights, or referred for legal guardianship, or (in cases where the State agency has documented to the State court a compelling reason for determining that it would not be in the best interests of the child to return home, be referred for termination of parental rights, or be placed for adoption, with a fit and willing relative, or with a legal guardian) placed in another planned permanent living arrangement...”

Section 210.720 of the Missouri Revised Statutes is consistent with the Act, stating that:

1. In the case of a child that has been placed in the custody of the division of family services... every six months after the placement, the foster family, group home, agency or child care institution with which the child is placed shall file with the court a written report on the status of the child. The court shall review the report and shall hold a permanency hearing within twelve months of initial placement and at least annually thereafter. The permanency hearing shall be for the purpose of determining in accordance with the best interests of the child a permanent plan for the placement of the child, including whether or not the child should be continued in foster care or whether the child should be returned to a parent, guardian or relative, or whether or not proceedings should be instituted by either the juvenile officer or the division to terminate parental rights and legally free such child for adoption.”

Reasons for noncompliance with above laws, specifically delays in such hearings, were analyzed and determined to fall into three major categories:

- Lack of legal representation for all parties to include Children’s Division staff, children, parents and juvenile officers;
- Inconsistency in permanency hearing practices; and
- Inconsistent or lack of tracking and notification of permanency hearings.

It was observed that legal representation played a crucial role in facilitating the timeliness of permanency hearings. It was noted that in many cases when parties were not represented on the appointed court date, hearings were reset for a later date on an already overloaded docket, thus delaying permanency. This issue is not limited to the legal representation of parents under contested situations, but also applied to children. Court appointed Guardian Ad Litem in various parts of the state are few and are not easily replaced on short notice.

Competing opportunities for greater financial compensation and lack of training on Adoption and Safe Families Act (ASFA) guidelines may play a role in low prioritization of child welfare cases. In addition, many court appointed attorneys lack experience in the Juvenile/Family Court setting and are unfamiliar with associated laws. Although Children's Division staff is required to submit status reports and recommendations to the court in the best interest of children, they are seldom legally represented. Such legal representation would come from the Division of Legal Services (DLS). However, access to DLS attorneys is limited due to budgetary constraints.

(27.1 refer to P1.9.4) To improve access to legal representation, the Children's Division and DLS have identified a plan to fill vacant FTEs and hired additional attorneys. Additionally, the division will work with the law schools to expand the cooperative program.

(27.2) Regardless of whether legal representation is provided to Children's Division staff, there is a need for training CD staff on witness skills and on the legal process in general. The purpose of this is not to provide professional expertise in the law, but rather to provide CD staff with the ability to conduct themselves in court in a competent manner to represent the best interest of the children they serve. The training will be developed collaboratively with CS, OSCA, NRC and DLS. The training will be incorporated into BASIC and ongoing for existing training.

(27.3) In some cases, review hearings are held at intervals that far exceed the expectations of the law. However, many of these reviews do not qualify as 'permanency hearings' by definition as they fail to address the required elements. Although frequent hearings may provide for added accountability of parties, the permanency of children is unaffected if a permanency plan and ASFA timeframes are not addressed. A concern is that there may be a lack of clarity within some courts as to the difference between a review hearing and a permanency hearing. Other situations have been noted where ASFA timeframes and permanency guidelines may indeed have been addressed, but not explicitly documented in the court order. As such, permanency hearings are neither documented nor conducted consistently across the state.

Currently, there is no statewide court system to track permanency hearings and ensure they are held in a timely manner. The Children's Division operates a statewide data system that tracks hearings and child placements. However, the information does not interact with the court docket, and therefore does nothing to alert the juvenile office to schedule permanency hearings when they are due. Some court circuits have a system

of tracking hearings, but no statewide system exists. Notification of hearings is not consistent. This results in continuances and ultimately, delayed permanency. There is a lack of consistency as to who sends and who receives notice. Consequently, some parties are notified by the court, others notified by the Children's Division worker, while others are not notified at all. Likewise, the timing of such notification is also inconsistent.

A tracking system is currently being developed by the Office of State Courts Administrator (OSCA), but is not projected to be completed statewide in the near future. While court scheduling is not within the purview of the Division, the Division can take steps to promote hearing timeliness. As stated previously, the Division will provide staff training to improve testifying skills. The Children's Division will also collaborate at the state level with OSCA to ensure joint accountability for timely court hearings and identify those circuits in which court issues need to be addressed. Timeliness of hearings will be monitored through the development of an interagency work group which will address system-wide Juvenile Justice issues regarding consistency, communication and coordination across judicial circuits. Additionally, local protocols between the court and local offices will be developed to ensure timely hearings. The Family Support Team policy will be revised to assure the twelve month permanency hearing date is discussed and documented during the team meeting. The revised policy will be incorporated into BASIC training.

(27.4 refer to P1.7.5) Attorneys appointed by the court are in need of some formalized training in laws applying to permanency, including ASFA timeframes. Included in such training would be an explanation of their roles and responsibilities as appointed representatives of children and parents. The CD will coordinate with the OSCA and DLS to provide cross training to court staff, Guardian ad Litem and division staff on ASFA and permanency hearings consistent with state and federal regulations.

**Item 28: Provides a process for termination of parental rights proceedings in accordance with the provisions of the Adoption and Safe Families Act.**

As stated in the Final Report, there were several barriers to ASFA compliance with regards to the TPR process in the State of Missouri. There was some overlap between these issues and the barriers for timely permanency hearings. For instance, lack of agency representation was addressed and listed as an action step for Systemic Factor 27 as delays in permanency reviews may ultimately result in delays of Termination of Parental Rights. Legal representation of parents is many times lacking prior to a TPR hearing because the court ordered appointments are time limited. Since appointments expire, hearings are often delayed so that another appointment can be made.

(28.1 refer to P1.9.4) To improve access to legal representation, the Children's Division and DLS have identified a plan to fill vacant FTEs and hired additional attorneys. Additionally, the division will work with the law schools to expand the cooperative program.

(28.2 refer to S2.3.2) Engagement of the family and child is critical to their involvement in the case planning process and service delivery. Staff must be aware of the reasonable efforts required by AFSA prior to filing TPR. If concurrent planning is to begin from the time a child enters care, frontline workers must not only be aware of ASFA timeframes and standards, but also intentionally working toward TPR while also working toward reunification. Training must deal with not only the reality that ASFA is relevant at the 72 hour FST, but also in how to conform to the law. Worker and supervisor skill in engaging the family will be strengthened by gathering focus group information and developing a training curriculum or guide.

(28.3 refer to P1.9.1) Termination of parental rights needs to be filed in a timely manner unless compelling reasons are documented in the record. Local procedures for TPR filings will be developed and division policy will address supervisor and staff responsibilities in documentation of compelling reasons for not filing TPR.

(28.4 refer to P1.6.2) Lack of service and reasonable efforts often delay TPR proceedings. A frequent cause is that the whereabouts or identity of the parent is unknown. In the spirit of exploring every possible placement option for the child, absent parents should be amongst the first considered. Although policy addresses the diligent search for absent parents, protocol will be developed to widen and document such efforts.

(28.5) Ideology and concern about the welfare of children can both present barriers to timely adoption/TPR. Typically, parties from the frontline worker to the judge/commissioner work to avoid creating 'legal orphans.' Although the concern is a valid one, it need not be the case. 211.447 RSMo. addresses the filing of a petition for TPR in cases of infant abandonment and when no reasonable efforts are required. However, there is currently no timeframe in the statute. Modification of the statute to comply with ASFA is appropriate and would expedite permanency. To do this, the Children's Division will work in conjunction with the Office of the State Court Administrator (OSCA) to draft a proposal and obtain a legislative sponsor for the bill.

**Item 29: Provides a process for foster parents, pre-adoptive parents, and relative caregivers of children in foster care to be notified of, and have an opportunity to be heard in, any review or hearing held with respect to the child.**

(29.1) Notification to caregivers of children in alternative care is mentioned in three places in the Missouri Statutes. Although it is clear that the court is responsible to notify caregivers in both 211.464 RSMo. & 211.566 RSMo. (Foster Parent Bill of Rights), in Section 211.171 RSMo., no one is listed as the party responsible for such notification. HB 1453 indicates it is the courts responsibility to notify parties of hearings. Five sessions of Comprehensive Child Welfare Training co-sponsored by OSCA during March, April and May 2005 for CD, court staff and judges will include notification of this responsibility. Although notification is a court process, each circuit has in a place a mechanism based on local protocol to ensure their circuit court has available addresses to notify parties of upcoming court hearings. Questions regarding notification of court

hearings will be incorporated into consumer surveys for foster parents, youth and biological parents for monitoring purposes.

### **Quality Assurance System**

**Item 30: The State has developed and implemented standards to ensure that children in foster care are provided quality services that protect the safety and health of the children.**

This item was found to be substantially achieved.

**Item 31: The State is operating an identifiable quality assurance system that is in place in the jurisdiction where the services included in the CFSP are provided, evaluates the quality of services, identifies strengths and needs of the service delivery system, provides relevant reports, and evaluates program improvement measures implemented.**

This item was found to be substantially achieved.

### **Training**

**Item 32: The State is operating a staff development and training program that supports the goals and objectives in the CFSP, addresses services provided under titles IV-B and IV-E, and provides initial training for all staff who deliver these services.**

This item was found to be substantially achieved.

**Item 33: The state provides for ongoing training for staff that addresses the skills and knowledge base needed to carry out their duties with regard to the services included in the CFSP.**

(33.1, 33.2, 33.3, 33.4, and 33.5) A goal of the Children's Division is to institute a comprehensive, competency-based training program for front line staff and supervisors that contains both pre-service and ongoing in-service training. The training is being revised to strengthen the clinical focus and create linkages with the field through clinical supervision and mentoring that will support the transfer of learning via specified On the Job Training (OJT) activities. Research indicates that classroom training alone does not fully ensure the fidelity of good field practice. Practice excellence requires a training structure that blends learning approaches, including: competency-based, skill-building classroom training; long-distance, web-based learning that supports and supplements the classroom; and, On the Job Training that is consistently provided, processed, and evaluated by clinical field mentors and supervisors during daily interactions with staff.

The Professional Development and Training Unit has carefully examined current training, as well as results from agency quality assurance measures such as peer

record reviews, practice development reviews, the Survey of Organizational Excellence, the CQI process, the COA standards, and audit reports. Other information such as feedback from field staff through focus groups and regionally conducted trainings as well as information gathered from other state training programs has also been considered. As a result, the Professional Development and Training Unit is creating a new training structure that will provide required pre-service and in-service training for frontline staff and supervisors during their first two years of employment.

The current Child Welfare Practice Pre-Service Basic Orientation Training is provided to all new frontline staff during their first three months of employment. The training is based on agency policy and practice and uses a variety of learning methods, including entry level skills practice and demonstration. The training follows the social work continuum with an emphasis on intake, assessment, case planning, treatment planning, service delivery and closure with the family. Family systems, values, joining and engaging, cultural diversity and child development are also some of the topics addressed within the training.

The new advanced in-service training will build on the skills and knowledge gained by staff during the Child Welfare Practice pre-service training. This will be enhanced through specific skills practice and demonstration. In addition, the new structure will provide a framework to assess staff needs for additional elective in-service training during or beyond their first two years. This will be done through the use of classroom and On the Job Training evaluation and individualized professional development plans that will be created by supervisors and their staff to mutually assess skill acquisition and demonstration.

(33.6) The creation of a Training Advisory Committee comprised of clinical mentors, trainers, field staff and possibly representatives from a school of social work will provide a network that will identify areas for practice improvement, assess training needs and assist in assessing individual staff competence as well as circuit competence.

There will be two key priorities upon which Professional Development and Staff Training will focus as the agency moves toward attaining practice excellence. One will be the creation and implementation of new supervisory training, which will have both an administrative and clinical focus. The second area will be the development and implementation of required advanced in-service training for front line staff.

(33.7) Additionally, the Child Abuse and Neglect Training Institute has been developed to increase training opportunities for staff. The institute is the result of a cooperative effort between the division and numerous community partners. In early 2004, the CA/N Training Institute Planning Partnership committee met to finalize topics and session content for three CA/N Training Institute sessions. The sessions are video conferenced to locations all over the state to allow for maximum participation. Each training has selected speakers that address a wide variety of topics relevant to Child Abuse and Neglect.

(33.8) Additional circuit specific training will be provided based on needs identified in the Circuit Self-Assessments. To access this training the circuits will notify the Professional Development and Training Unit of their targeted training need. The Professional Development and Training Unit will then design a training targeted to the specific need of that circuit.

**Item 34: The State provides training for current or prospective foster parents, adoptive parents, and staff of State licensed or approved facilities that care for children receiving foster care or adoption assistance under title IV-E that addresses the skills and knowledge base needed to carry out their duties with regard to foster and adopted children.**

This item was found to be substantially achieved.

### **Service Array**

**Item 35: The State has in place an array of services that assess the strengths and needs of children and families and determine other service needs, address the needs of families in addition to individual children in order to create a safe home environment, enable children to remain safely with their parents when reasonable, and help children in foster and adoptive placements achieve permanency.**

CFSR results indicated service array deficit in various areas of the state. Specifically noted was a lack of dental services; alcohol and drug abuse (ADA) services; foster homes for older youths, siblings groups, disabled and medically fragile children; parenting classes for teens; parent aides; interpretation services for non-English speaking consumers; and transportation services. Service array deficits were particularly noted in the rural areas of the state.

As service array varies from community to community, development of a statewide strategy to address service array deficits becomes problematic without a thorough understanding of the particular needs in each circuit. For this reason, an analysis of service array was incorporated into the circuit self-assessment.

(35.1 refer to WB3.22.1) In order to increase the ability of division staff to access dental care for families, each circuit will identify existing dental resources through the circuit self-assessment. Additionally, a dental coordinator will be assigned in each region and Medicaid dental providers will be provided notice of the regional dental coordinator. This staff person will have full knowledge of dental resources and funding streams within the region. At the state level, the division will partner with the Division of Medical Services to assess and develop a plan to reduce the administrative burden on Medicaid dental providers. Additionally, the division will complete an assessment regarding expansion of the dental van program currently available in Jackson County.

(35.2) The ADA section of the Department of Mental Health has indicated there are sufficient ADA services to meet the needs of families. However, division staff does not know how to appropriately connect families with these resources. To increase the ability of staff to access ADA services, the division has partnered with the ADA section of the Department of Mental Health to develop a joint in-service training called Family, Drugs and Safety. This training was initially field tested in the southwestern region of the state and is schedule to be tested further in Jefferson County. Curriculum will be revised to reflect recommendations during the field test, including who the target audience is and how many staff to be trained. The Professional Development and Training Unit will provide three additional trainings across the state.

(35.3 refer to P1.6.5) In order to increase the availability of foster homes for older youth, siblings, and disabled or medically fragile children, the same strategies will be employed as found in the discussion in narrative Item 6. Strategies to be employed include implementing a recruitment and retention plan for foster home serving older youth through the Chafee program, implementing the Adopt US Kids campaign, and developing performance based resource development contracts.

(35.4) In order to increase the availability of and access to parenting classes, the division will, based on the circuit self-assessment, identify circuits most in need of parenting classes and parent aide services. Performance based contracts for family/parent aide and parenting class services will be developed to serve those circuits with an identified need.

(35.5) To increase the availability of non-English speaking services, the division will, based on circuit self-assessment, identify circuits most in need of non-English speaking services. A recruitment plan for multi/bilingual staff will also be developed. Additionally, state forms will be made available in Spanish to accommodate Missouri's increasing Hispanic population.

(35.6) In order to increase the availability of transportation services, the division will, based on circuit self-assessment, identify circuits which do not have transportation services available. Service organizations will be recruited regionally to provide transportation services. Additionally, transportation children's treatment services (CTS) contracts will be issued statewide.

**Item 36: The services in item 35 are accessible to families and children in all political jurisdictions covered in the State's CFSP.**

See narrative for Item 35.

**Item 37: The services in item 35 can be individualized to meet the unique needs of children and families served by the agency.**

CFSR findings indicated services are not available to meet the individualized needs of children and families. CTS flexible funding was not always available, service plans



were found to be cookie cutter and services provided often did not correspond with the reason a child entered care.

(37.1) To provide individualized services the Children's Division will expand existing services and increase funding for concrete services. See narrative for Item 35.

(37.2 refer to S2.3.2) Individualized services are dependent upon the quality of the initial assessment and subsequent case planning. Strengthening worker and supervisor skills in engaging families in the assessment and case planning process will assure services are individualized to meet child and family needs. To accomplish this, the same action steps discussed in the narrative for Item 3 will be employed and include: conducting focus groups to identify clinical support needs, establishing baseline information, developing worker discussion guides, and enhancing case planning part of BASIC curriculum for new staff.

### **Agency Responsiveness to the Community**

**Item 38: In implementing the provisions of the CFSP, the State engages in ongoing consultation with tribal representatives, consumers, service providers, foster care providers, the judicial court, and other public and private child- and family-serving agencies and include the major concerns of these representatives in the goals and objectives of the CFSP.**

This item was found to be substantially achieved.

**Item 39: The agency develops, in consultation with these representatives, annual reports of progress and services delivered pursuant to the CFSP.**

This item was found to be substantially achieved.

**Item 40: The State's services under the CFSP are coordinated with services or benefits of other Federal or federally assisted programs serving the same population.**

This item was found to be substantially achieved.

### **Foster and Adoptive Parent Licensing, Recruitment, and Retention**

**Item 41: The State has implemented standards for foster family homes and child care institutions which are reasonably in accord with recommended national standards.**

This item was found to be substantially achieved.

**Item 42: The standards are applied to all licensed or approved foster family homes or child care institutions receiving title IV-E or IV-B funds.**

This item was found to be substantially achieved.

**Item 43: The State complies with Federal requirements for criminal background clearances as related to licensing or approving foster care and adoptive placements and has in place a case planning process that includes provisions for addressing the safety of foster care and adoptive placements for children.**

This item was found to be substantially achieved.

**Item 44: The State has in place a process for ensuring the diligent recruitment of potential foster and adoptive families that reflect the ethnic and racial diversity of children in the State for whom foster and adoptive homes are needed.**

(44.1 refer to P1.6.5) Strategies used to ensure the diligent recruitment of foster and adoptive families are the same the action steps discussed in the narrative in Item 6 and include; implementing a recruitment and retention plan for foster home serving older youth through the Chafee program, implementing the Adopt US Kids campaign, and developing performance based resource development contracts.

**Item 45: The State has in place a process for the effective use of cross-jurisdictional resources to facilitate timely adoptive or permanent placements for waiting children.**

This item was found to be substantially achieved.

## ITEM NARRATIVES

### Outcomes

**Safety Outcome 1: Children are, first and foremost, protected from abuse and neglect.**

#### **Item 1: Timeliness of initiating investigations of reports of child maltreatment**

A key concern noted in the CFSR was inconsistency of reporting the initiation of investigations of child maltreatment reports or establishing face-to-face contact with the child subject of the report in accordance with the State-established timeframes.

Missouri's policy regarding Item 1 is based in law. RSMo. (Revised Statutes of Missouri) 210.109 establishes Missouri's child protection system and RSMo.210.145 establishes time frames for initial responses.

(S1.1.1) The initial contact information is captured on a child abuse/neglect form known as the CA/N 1. During the research for the PIP, a discrepancy was revealed between the definition of the term "initiate" as written in statute and the procedure for documenting "initial contact" on the CA/N 1. As a result, policy language must be clarified, as well as, enhanced CA/N 1 form instructions regarding timeliness of response to reports of child maltreatment. Although statewide policy is based on statute, there continues to be a lack of clarity regarding definition and the actions required. In addition, the CA/N automated system requires staff to enter "*initial contact date and time*". This notation, per policy, is the date and time CD staff makes face-to-face contact with the subject child. This may not accurately reflect whether another member of a multidisciplinary team had initial contact with a child within the 24 hour time period. Other issues requiring clarification include: who may conduct face-to-face contact within the 24 hour timeframe and why it is considered a delayed contact by the worker when face-to-face contact was made by a multidisciplinary team member.

(S1.1.2) Through this clarification process, the entry fields may remain the same with a change for initial contact definition or this may lead to systems entry field enhancements. Once these clarifications are completed, additional systems entry codes may need to be developed in order to more accurately capture data. To increase the accuracy of the data collected in the Legacy system regarding initial contact of the victim when investigating a child abuse and neglect report, the Peer Record Review process will be utilized. The Peer Record Review will be revised to reflect the changes and clarification of initial contact. Aggregate data from the Peer Record Review will be available on a quarterly basis which will provide Circuit Managers and QA specialist with evidence on which to base recommendations for practice improvements.

(S1.1.3) During the CFSR, there were concerns regarding Missouri's protocol for responding to non-CA/N referrals or alpha referrals. The alpha referrals, primarily "M" (mandated reporter) referrals and "P" (preventive services) referrals are assigned based

on the information received by the Child Abuse and Neglect Hotline Unit (CA/N HU). Frequently, non-CA/N referrals address family needs such as housing, or medical assistance. In spring 2004, a combined effort began between the Family Support Division (FSD) and the Children's Division (CD) for the purpose of reducing the number of CA/N referrals allowing the Children's Division staff to concentrate their efforts on cases which are more serious in nature. A test site (Jackson, Clay and Platte counties) was chosen and a strategic plan was developed and presented to both Division Directors for consideration. In May 2004, protocols were written for screening and assigning non-CA/N referrals to FSD Self Sufficiency Case managers. The Self Sufficiency Case Managers were already trained on strengths based case management; domestic violence; behavioral inventory assessment to identify substance abuse and addictive behaviors, mental illness, and domestic violence; Family Support Programs and policies (eligibility); Family Support Team Meetings; and community resources and partner agency collaboration. The Directors felt these Self Sufficiency Case Managers possessed the necessary skills to respond to non-CA/N reports. The Self Sufficiency Case Managers also shadowed the Children's Division investigators and assessment workers to gain further experience. Additional training was provided to both Children's Division and Family Support Division staff regarding the testing site protocols for non CA/N referrals which officially began July, 2004. QA measures are in place to make sure assessments are being conducted appropriately and the safety of children is assured. The goal of this pilot program is to ensure children are safe while diverting non-CA/N related concerns directly to service providers.

(S1.1.4) In order for staff to respond to reports of maltreatment in a timely manner, circuit level assessments to evaluate CA/N response were completed. In addition, management reports which provides worker level information were sent to each circuit to analyze timeliness of initial contact, timeliness of conclusion and pattern of conclusions. This report will also provide a basis for comparison at the circuit and state level. Based on their circuit assessment and management report, local protocols for improvement will be established and implemented. In addition it will provide information for circuits with timely completion rates. This improved timeliness of initial child contact will be monitored on an on-going basis. As needed, resources will be targeted to circuits with identified needs.

(S1.1.5) The new call management and Structured Decision-Making (SDM) protocols implemented at the Child Abuse and Neglect Hotline Unit (CA/NHU) will provide consistent screening and classification of calls received. Through the improved screening effort, a more uniform process will be institutionalized for accepting calls made by mandated reporters and other miscellaneous calls, not rising to the level of abuse or neglect and not requiring a formal investigation. Using these protocols will assist in consistency of the initial classification of reports received. The protocols have been completed and remaining CANHU staff trained. A quality assurance peer record review tool will be developed for monitoring. Once the monitoring tools are in place, the hotline protocols will be automated. The Supervisory Review Tool for the CANHU will be a stand alone tool; however, data from the tool will be collected in the same data base as the universal Supervisory Case Review Tool (SCRT).

(S1.1.6) The division is in process of revising policy relating to non-CA/N referrals. Missouri has, by policy, accepted calls to the hotline that do not rise to the statutory definition of child abuse and neglect. These calls are referenced as non-CA/N referrals and include mandated reporter (M) referrals, preventive services (P) referrals, and non-caregiver (N) referrals. Upon accepting such calls of concern, these non-CA/N referrals are dispatched to the local offices for some type of follow-up by field staff. Of the nearly 110,000 calls to the hotline each year, nearly 30,000 are classified as non-CA/N referrals.

The policy revision now under planning is a concerted effort to better address the core functions and statutory mandates of the division with its existing available resources. These calls would no longer be dispatched to the local offices for follow-up. Rather, the call would be screened at the hotline to determine if it meets the criteria for a CA/N report, and if not, the caller will be redirected to more appropriate local resources which may better address the caller's concerns. This policy revision is intended to be in effect by July 1, 2006, the beginning of the upcoming state fiscal year.

## **Item 2: Repeat Maltreatment**

(S1.2.1) SDM is a case assessment and management model designed to bring structure and consistency to the critical decision making process through the use of assessment tools that are objective, comprehensive and easy to use. The SDM tool is designed to assist child welfare staff with the most appropriate responses to Child Abuse and Neglect reports, both in making the decision to accept the initial report, as well as the level of response needed to address the allegation of abuse/neglect reported. Moreover, the tool assists child welfare professionals in assessing safety and risk to the children in the home.

One goal of SDM is to reduce subsequent harm to children. SDM tools assist workers in the identification of critical factors within the family that could affect future harm to the children in the home. The tools help workers make more consistent and reliable decisions on the need for services aimed at alleviating abuse and neglect situations in families that are at "high risk" for future harm to the child/ren. Coupled with information taken from past reports received on the family, the tool assists workers in establishing a pattern of behavior that will help determine the necessary services to reduce subsequent harm to children.

The SDM tool allows staff to make decisions that are consistent throughout the state and eliminates bias that might affect the worker's ability to objectively understand the problems and needs of the family. The tool helps identify "high risk" families for workers so that resources can be targeted to families with the greatest need, thus reducing the occurrence of future harm to children.

To ensure consistent and accurate completion of the SDM safety and risk assessment, BASIC training will be enhanced to include this SDM component and an in-service training for SDM will be developed. A workgroup will be convened to finalize the SDM

review tool. Once finalized, instructions will be sent to the field on how to use the tool and instructing them to review ten percent of the cases. As needed, ongoing training will be provided to circuits identified with such needs

(S1.2.2 AND S1.2.3) To address the issue of child maltreatment in foster care, Missouri purchased the *Confirming Safe Environments* (CSE) curriculum developed by ACTION for Child Protection in 2003. CSE is an ongoing work process used to assist staff in assessing and monitoring safety and risk to children placed in kinship or familial foster care settings. This curriculum was initially tested with 25 staff in four counties in the state: St. Louis City, Greene, Pettis, and Cooper County and included only alternative care and licensing staff. The curriculum training will be expanded to all investigative, out-of-home care, and licensing staff and supervisors in Pettis, Cooper, and Greene counties. In St. Louis, one complete out-of-home supervisory unit will be trained. By January 30, 2005, all investigative staff in St. Louis will be trained on the CSE work process. During this expansion period, ACTION will be utilized to assist the division in building capacity to train the curriculum in-house. ACTION will also be utilized to evaluate CSE implementation. Based on the evaluation, the CSE curriculum will be modified to meet Missouri's specific needs and an expansion plan will be developed as indicated. Division policy regarding assessment of safety at and throughout the life of a placement will be developed based on the Confirming Safe Environments curriculum and evaluation of safety assessment best practices in other states.

(S1.2.4) The Practice Evaluation Teams (PET) will be used to assist the Circuit Managers in developing strategies to reduce repeat maltreatment and CA/N in foster care. Once PET member roles and responsibilities are developed and defined, the teams will be formed and convened to review the Circuit Self-Assessments in the areas of repeat maltreatment and CA/N in foster care. Improvement strategies will be developed and implemented by the Circuit Managers (with the assistance of the PETs).

(S1.2.5) Repeat maltreatment will also be reduced through strengthening division policy and practice related to chronic neglect and the accumulation of harm that a child experiences in cases of chronic neglect. St. Louis has a chronic neglect initiative that will be analyzed for statewide applicability. A statewide analysis has been done on families that have multiple reports of maltreatment. Subsequently, the division applied for a Title IV-E waiver for a chronic neglect pilot. Missouri recognizes there are a small number of families who have a large number of repeat maltreatment events that ultimately result in an accumulation of harm to the child leading to out-of-home placements and costly services to rectify the abuse or neglect conditions. The Institute of Applied Research (IAR) conducted a follow up evaluation of Missouri's dual track system and discovered that a relatively small segment of the families served (9.3 %) account for a large amount of expenditures (41.9%) due to the chronic pattern of on-going abuse and neglect. A funding request will be made to the Children Justice Act if Missouri is unsuccessful in attempts to secure the Title IV-E Waiver. Three pilot sites have been selected including Jasper, Jefferson, and Randolph counties. Jefferson County was chosen as a representation of a metro site due to St. Louis being over saturated with pilot programs. Missouri has a strong interest in testing new approaches

in early identification of chronic neglect, having the potential to provide valuable knowledge on improving services to children and families.

(S1.2.6) Development of performance based contracts for foster parents will also assist in decreasing repeat maltreatment. HB 1453 established that foster parents will meet performance based criteria prior to licensing. A Professional Family Development Plan (PFDP) will be incorporated into the foster parents licensing rules. The performance based criteria required for the PFDP will be established and CD staff will be informed of the new requirements for foster parents. CD staff will be trained on how to assist the family in developing and implementing a PFDP. The resources necessary for foster families to successfully implement PFDP will be identified. Due to the requirements of HB 1453, the Professional Development and Training Unit is very busy developing and providing trainings, however, the new PFDP will be initiated for all new and reassessed foster parents and the PFDP will be reviewed at each reassessment for licensure.

<b>Safety Outcome 2: Children are safely maintained in their homes whenever possible and appropriate.</b>
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**Item 3: Services to family to protect child(ren) in home and prevent removal**

The CFSR found the agency had not consistently assessed the needs of and made provision for services for the child, parents, and foster parents to meet identified issues. One problem included incomplete assessments for parents and children. It was noted that some Stakeholders reported the Children's Division was effective in assessing needs and identifying services, but service access was difficult. In some instances, funding of services for family members was a challenge.

Since the late 1990's, Missouri has been moving to a policy and practice which requires family and community involvement through the Family-Centered philosophy, and Family Support Team practice. As policy and practice has evolved over time, additional assessment tools have been added. As a result, assessment tools have become disjointed and may be lacking comprehensive views in case planning. Symptoms are addressed but underlying issues may not be identified. Goals tend to be general, are not behaviorally specific, and in some circuits in the state, may be driven more by the courts than the Family Support Team or based on identified assessed needs. Services to children and families tend to follow a cookie cutter approach and do not address the needs of the underlying issues of the family and the child. Examples of this are treatment plans and court orders requiring broad services like parenting classes instead of targeting specific outcomes such as new skill acquisition and how demonstration of that skill will prevent future harm.

(S2.3.1) As the agency moves forward with new programs and assessments, care will need to be taken to assure assessments and case plans compliment one another. To achieve this goal, technical assistance from The National Child Welfare Resource Center for Family-Centered Practice was sought. The resource center conducted a gap analysis of the family assessment (CD-14) and child assessment and case plan (CS-1).

Based on this analysis, the family assessment tool (CD-14) has been revised and is scheduled for field testing in the second circuit. Once input from the field test is evaluated and analyzed, adjustments to the CD-14 will be made and the revised policy and revised CD-14 will be distributed to all staff.

(S2.3.2) Strengthening workers' family engagement skills through training and supervision will enhance the Family Support Team process and assist in assuring those at the table have a voice in planning. Focus groups composed of workers, supervisors and circuit managers were conducted in four circuits across the state to identify clinical support needs. Information from focus groups, PRR, and consumer surveys has been analyzed and incorporated into a training curriculum for workers and front line supervisors. The Family Assessment and Service Planning training for workers and Supplemental Supervisory training will be utilized in the field to assist staff in engaging families and in case plan development. Twenty sessions of Supplemental Supervisory training will be available across the state to train all front line supervisors. Twenty sessions of Family Assessment and Service Planning training will be available to train selected staff as trainers, who will in turn provide the training to other staff in their county or circuit. The curriculum will include topics such as service planning, basic writing skills and concurrent planning.

(S2.3.3) Improvement in supervisory capacity to monitor case planning practice is critical to quality supervision. The division continues to review and refine the standardized supervisory case review tool that will be used by supervisors to ensure best practice and to assist them in their clinical consultations with supervisees. Existing supervisory case review tools were reviewed and evaluated to create a draft of the supervisory case review tool (SCRT). The division will continue to field test the SCRT and will provide feedback to a review team. Based on this feedback, the tool will be revised and protocols for use of the SCRT will be established. To ensure integrity of the data collected, the SCRT will be automated. Once the SCRT is distributed and used statewide, baseline measures for the tool will be established.

(S2.3.4) In-home services are available to children and families through Children Treatment Services (CTS) funds. Over the last few years, there has been a reduction in the overall state budget, which has resulted in confusion regarding the amount of dollars available through CTS for services. As a result of overall budget cuts, staff have used CTS funds sparingly, or not at all, accessing Medicaid services when available. Some concerns are that families are not receiving needed services due to failure to access CTS funds or there are long waiting lists for Medicaid services (such as counseling and dental services). This directly impacts the amount of services provided to intact families. Procedures to access various service funding streams will be established and put into a clear and concise service funding access grid that staff can use for quick reference.

(S2.3.5) In Aug 2004, SB 1003 was enacted establishing a plan for a comprehensive children's mental health system. This "System of Care" initiative has increased the level of cooperation among the child welfare, mental health, education and court systems. One goal of this initiative is to divert children from state custody who need mental health



services but are not at risk of abuse or neglect from caretakers. The agencies recognize that for some children no one agency may have the ability and/or resources to adequately meet the multiple service needs of those struggling with psychiatric, developmental and/or substance abuse problems.

The “System of Care” is an effort to coordinate the resources of multiple agencies to remove system barriers that might otherwise result in children not accessing all needed services. Through judicial review of Family Support Team meetings, the division will determine which cases involve children in the system due exclusively to a need for mental health services, and identify the cases where no instance of abuse, neglect or abandonment exists. Individualized service plans are developed to identify which agencies will supply the appropriate services to the child. These plans are submitted to the court for approval and the child’s family may actively participate in the plan. Children in need of only mental health services may be returned to the family’s custody. Services must be provided in the least restrictive environment.

The Voluntary Placement Agreement (VPA) is a written agreement between the Children’s Division and a parent, legal guardian or custodian of a child under age 18 in need of out of home placement. This provision allows the state to provide foster care services without a judicial determination. This will allow a parent or legal guardian to enter into a written agreement for the placement of a child seventeen years or younger needing mental health services into foster care or residential group care.

Continued cooperation and collaboration between the Children’s Division and community partners will increase the ability to provide optimal care to the children and families of Missouri.

Dr. Ivor Groves and Ray Foster from Human Systems and Outcomes Incorporated have collaborated to tailor their Quality Service Review evaluation process, to the Missouri System of Care for children who have been identified as needing mental health services. This tool mirrors Missouri’s current PDR process in that family members and providers are interviewed to assess the overall status of the child as well as the system’s functioning. A multi-disciplinary review team made up of persons involved with the System of Care is conducting the reviews. An initial review site has been determined and the review date has been established.

#### **Item 4: Risk of Harm to Child**

(S2.4.1 refer to S1.2.1) SDM is a case assessment and management model designed to bring structure and consistency to the critical decision making process. The Children’s Division is working to reduce the risk of harm to children by consistently implementing SDM statewide to assist staff in identifying high-risk families and providing the necessary services and level of resources based on their needs.

(S2.4.2 refer to S1.2.2) ASFA requires that at the time a child is placed, the safety of the placement is assured. Further, ASFA requires that the case plan include information on

how the safety of the placement was considered and that a six month review be conducted of the safety of the placement. In an effort to comply with this ASFA requirement and ensure the safety of children in kinship and foster care placements, Missouri purchased the *Confirming Safe Environments (CSE)* curriculum, developed by ACTION for Child Protection. CSE is an ongoing work process used to assist staff in assessing and monitoring safety and risk to children placed in kinship or familial foster care settings.

(S2.4.3) Policy for enhanced background screening took effect after House Bill 1453, the Dominic James Memorial Foster Care Reform Act of 2004 was signed into law. Existing staff was made aware of the legislative changes through a memorandum from the division director and regional and local supervisory meetings with staff. Information was disseminated to new resource families and staff through STARS and Basic (Pre-service) training. Background screening requirements when licensing and re-licensing foster, kinship, relative and adoptive resources have been expanded to include court ordered providers. These enhancements will include registration with the Family Care Safety Registry, fingerprints for criminal records searches by the Missouri State Highway Patrol and Federal Bureau of Investigation, searches of Case.net and circuit court records as well as contact with child protection agencies in previous states of residence.

(S2.4.4) The National Resource Center for Youth Services at the University of Oklahoma was contacted by the Residential Program Unit (RPU) to help develop the Culture of Care curriculum in working with licensed residential child care agencies to identify effective training, techniques and programs currently utilized to provide quality services to youth. RPU requested a particular emphasis to be placed on creating a safe, nurturing environment in residential facilities. Roundtable discussions were held with CEO's of the residential agencies to support the effort of training front line staff in the child care agencies. Two train-the-trainer sessions were held in Kansas City and St. Louis for residential licensed providers. The curriculum's premises include children and youth in residential care:

1. must receive services that do more than focus on problems or deficits;
2. and their families must be engaged and actively involved in all aspects of the services they receive;
3. must have opportunities to establish caring relationships in their lives;
4. must be served in programs that take into account environmental influences on growth and progress;
5. must be served in programs that collaborate and form partnerships with a number of resources.

These premises support a competency based approach and focuses on strengths of young people rather than the problems they exhibit. By supporting strengths, we can provide a safe and nurturing environment which translates to more effective care for young people and a reduction in the preponderance of evidence reports received by the residential child care agencies.

(S2.4.5 refer to S2.3.1) Risk of harm is reduced when quality assessments are done. To achieve this goal, technical assistance from The National Child Welfare Resource Center for Family-Centered Practice was sought. The resource center conducted a gap analysis of the family assessment (CD-14) and child assessment and case plan (CS-1). Based on this analysis, the family assessment tool (CD-14) has been revised and is scheduled for field testing in the second circuit. Once input from the field test is evaluated and analyzed, adjustments to the CD-14 will be made and the revised policy and revised CD-14 will be distributed to all staff.

<b>Permanency Outcome 1: Children have permanency and stability in their living situations.</b>
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**Item 5: Foster Care Re-Entries**

This item was found to be substantially achieved.

**Item 6: Stability of Foster Care Placement**

(P1.6.1) Missouri's legacy system does not support the ability to track all kinship placement types, therefore, it does not accurately report the number of kinship placements for children in care. The Children's Division will resolve this issue by creating system logic that will enable the system to track the various kinship placement types and identify kin as related and non-related as well as licensed and non-licensed. Once the logic and system changes are completed, policy reflecting these changes will be updated and distributed to staff.

(P1.6.2) Early identification of kinship providers is an important step in ensuring stability of foster care placements. Kin may be identified through an assessment tool given to the family as well as through continued searching by the worker throughout the life of the case. This topic should continually be discussed at Family Support Team meetings if there is no identified permanent placement resource. The Children's Division's will partner with the Family Support Division and the Office of the State Courts Administrator to establish a protocol to utilizing already established mechanisms to expand diligent search efforts. Agreements will also be established with other state agencies to access their databases in diligent search efforts. Once these resources are available to the Division, policy will be distributed to staff.

(P.1.6.3) Family Support Team meetings provide an excellent medium to staff cases and address issues with a multidisciplinary team of individuals. In July 2004, HB 1453 was enacted. One component of this legislation requires the CD to conduct a Family Support Team meeting prior to or immediately after an impending move. This allows the family to benefit from services from community agencies in order to prevent removal. At the time of the Family Support Team meeting, concurrent planning takes place and efforts are made to identify relatives in case removal does ultimately become necessary. This meeting assists in identifying the needs of the child and the family, thus preventing further moves and increasing the stability of the child so that their number of placements will be minimal. The ACTS system is being enhanced to better

track Family Support Team meetings. Further quality assurance monitoring of Family Support Teams will occur by updating the peer record review and supervisory case review tools.

(P.1.6.4) Issues regarding resource families transect all aspects of permanency. Unless needs regarding resource families are addressed, improved performance in all aspects of permanency will be severely compromised. An area needing intensive focus is the overall increase in available foster, adoptive and kinship resource families. To make the best possible match when children first come into care, a wide variety of resource providers is needed. Otherwise, children experience increased moves, delays in achieving adoptive permanence, increased trauma and the youth's development is hampered rendering attempts at independent living and other planned permanent arrangements less successful.

Identifying the number and type of resource families in each circuit is the first step in increasing the number of resource families available. Contracts exist for this purpose, however, there is a renewed focus on their efficiency and performance-based use. The Children's Division accessed technical assistance and performance based contracts are being developed. The CD will implement and monitor these contracts for improvement. Better support of licensing and recruitment staff will enhance their functioning. A plan for developing incoming calls and inquiries regarding foster/adoptive care needs to be devised, maintained, evaluated and refined. This plan and our recruitment efforts will be coordinated with national recruitment efforts and Missouri will maximize the use of Federal programs in this area. Once the contracts are awarded, the resource and recruitment contractors will review the circuit self-assessments to determine resource family needs and develop a recruitment plan for each circuit.

(P.1.6.5) Older youth continue to be a priority in developing an effective recruitment plan. The number of older youth waiting for permanency continues to increase and is a national issue. A video, starring Missouri youth, has been developed and distributed across the state for use in recruitment of families for youth. These videos will be used in pre-service foster parent training classes.

In June, 2004, The Collaboration to AdoptUSKids launched a national media campaign, which will be three years in length. The focus of this campaign is recruitment of resource providers for older youth. The Recruitment Response Team for Missouri will maintain contact with prospective foster/adoptive families that respond to this campaign and assist these families in getting enrolled in Foster/Adoptive parent training. The current resource contract is currently under reconstruction, and will address the need for our contractors to focus on recruitment of resource families for older youth.

Resource Development contracts have been awarded for the last several years. These contracts are in the process of being re-written to include performance-based requirements that will allow our agency to utilize these resources more effectively. Contracts will be revised to recruit families that reflect racial and ethnic populations,

homes for sibling groups, older children, and children with various emotional, behavioral, educational, and medical needs.

The Children's Division recruitment plan has two components: a group of core activities for which Central Office and every county office will be responsible, and a group of optional activities from which offices may select. Through these activities the division desires to reach all potential families regardless of their cultural and socioeconomic status. Recruitment efforts are carried out in all areas of the state to meet the needs of all of Missouri's Children that are waiting to be adopted.

(P1.6.6) Successfully matching children with out-of-home providers upon their entry into care should decrease the number of moves a child makes while in care. There are believed to be some "critical factors" in matching which may impact placement stability. Such factors include the difference between the age of caregiver and the age of child, placement of children in non-same race homes, keeping large sibling groups together, etc. To strengthen the matching process the Children's Division will access technical assistance from the National Resource Center for Family Centered Practice and Permanency Planning to identify the "critical" factors in placement success/failure. A survey will also be conducted with resource families to identify factors in placement success/failure. Once these factors are identified, a tool will be developed to assist in the team decision-making process, and policy will be developed and shared with staff.

(P1.6.7) Placement stability is also dependent upon quality training being provided to placement providers. The agency has training for kinship/relative resource providers called the Caregiver Who Knows the Child, which is an abbreviated version of the STARS curriculum used for licensing foster parents. Adequacy of this curriculum in educating and preparing the provider to care for the child in their home will be evaluated through a survey to all current kinship/relative providers. The supports provided to kinship/relative providers will also be evaluated through this survey to determine effectiveness. Once the evaluation is complete, the information will be analyzed and changes, as determined to be necessary, will be incorporated into the existing curriculum.

#### **Item 7: Permanency goal for child**

(P1.7.1) Per division policy, Family Support Team meetings are to occur within certain time frames. In addition to being required before or immediately after an impending move, they are to occur within 24 and 72 hours and 30 days of a child coming into division custody. Additionally, the Family Support Team is convened monthly until adjudication and every 6 months thereafter. At each meeting the child(ren)'s case goal is re-evaluated by a multi-disciplinary team to determine appropriateness. Good case planning and review of the permanency goal is dependent upon Family Support Team meetings occurring with the frequency indicated per policy as well as ensuring the permanency goal is reviewed with regularity in the meetings.

In order to improve the frequency per policy of Family Support Team meetings, Circuit Managers will analyze the Family Support Team meeting data during their circuit self-assessment. They will then initiate a corrective action plan as needed and be assisted by the PET members in monitoring for improvement.

(P1.7.2) The quality of Family Support Teams will be improved by ensuring the permanency goal is reviewed and established with the multi-disciplinary team. The permanency goal will be established and reviewed within 30 days and at least every six months thereafter during the permanency reviews. System fields and coding changes were made to the ACTS system so permanency reviews could be tracked separately from Family Support Team meetings. Policy on the elements required for a Family Support Team meeting to be considered permanency review is being developed and disseminated to all staff. These system and policy changes will be integrated into BASIC training.

Quality Family Support Team meetings are also dependent upon the skill of the facilitator. CD Children's Service Workers typically facilitate these meetings. When Family Support Team meetings become overly contentious, it is challenging for the worker to be an effective facilitator. Therefore, "expert" facilitators will be identified in each region. These "experts" will serve as objective facilitators for more contentious and difficult Family Support Team meetings. A protocol will be developed for accessing the "expert" facilitator and the facilitators will receive advanced Family Support Team facilitator training. Information on the "expert" facilitator duties and access protocol will be distributed to all staff.

(P1.7.3) The CFSR indicated a concern that "true" concurrent planning was not taking place consistently across the state. The case file may reflect a concurrent goal; however no concurrent efforts are being acted upon. True concurrent planning will help expedite the achievement of the case goal in that equal efforts are occurring simultaneously for two different goals. Currently, the Children's Division's Child Welfare Manual does not provide clear guidelines on how to facilitate "true" concurrent planning.

The Division owns the Concurrent Planning curriculum developed by Hunter College. Currently newly hired social service front line staff are trained on concurrent planning in the child welfare practice basic orientation. However, to strengthen skill practice in this area there will be advanced in-service module developed that will be provided to new staff in their first year of employment. This advanced in-service module will further address engagement skills, goal setting, change, effective resources, road blocks, courtroom skills, quality of contact with parents and working with parents regarding their denial for need for care. Although this in-service module is being developed as part of the new service workers required training, existing staff will also be allowed to attend as needed. The manual will be updated with a concurrent planning section where staff can obtain information as needed. Circuit Managers will monitor the concurrent planning outcomes through the PRR tool and the PET will assist in developing improvement plans.

Materials gathered from the National Resource Center for Family Centered Services will be utilized in the development of the curriculum. In addition to the existing training on concurrent planning as well as the in-service curriculum development, Children's Division has a training partnership with the Office of State Courts Administrator, which will include training on concurrent planning. A multi-regional conference is being planned for the spring of 2005 which will cover a variety of practice and procedural issues for juvenile court, Children's Division and Department of Mental Health staff.

(P1.7.4) Establishing a permanency goal for a child is key to determining the case plan. It is imperative staff understand family dynamics and case situations and how those impact the permanent plan for the child and family. ASFA provides some guidance on situations which immediately cause a case goal to be adoption. Collaboration with the courts to provide cross training to new judiciary, court staff, GAL's and Children's Division staff on ASFA and permanency hearings will assure consistency across the state regarding state and federal regulations. The Children's Division will partner with the Office of the State Courts Administrator (OSCA) to develop a training curriculum.

#### **Item 8: Reunification, Guardianship, or Permanent Placement with Relatives**

(P1.8.1) CFSR results indicated an overall lack of services were provided to children in legal status 2 (temporary custody with adoptive parents), legal status 3 (supervision only by the Children's Division), and legal status 4 (care and custody with juvenile court or other agency). As these children are not in the division's legal custody, the Child Welfare Manual may not provide enough guidance to staff on what their duties and responsibilities are when managing these types of cases. In order to address this issue, the division is retrieving data from the Legacy system. Central Office has sent lists of children in LS-2, LS-3, and LS-4 to regional staff (LS-4's were those children who did not meet ICPC criteria). Regional staff will review their lists, which shows where each child is residing to see if the child is placed incorrectly by legal status. Once these lists are "cleaned up" and children are placed more accurately by their legal statuses, it is anticipated there will be few children left on these lists. A workgroup will be convened to examine this data to determine how many children specifically fall into these categories as well as their overall outcomes. The workgroup will include Office of State Courts Administrator (OSCA), the Division of Legal Services and CD staff from both rural and metro sites in the state. Additionally, special case reviews will be conducted on a random sample of these legal statuses. The Children's Division will meet with the Division of Legal Services to determine the legal obligations the division has in these types of situations. Once these steps are accomplished, policy and protocol on division staff roles and responsibilities will be revised and a decision regarding the definition of children in the AFCARS population will be made. Once policy is firmed up on these legal statuses, quality assistance can be monitored through the Peer Record Review process.

(P1.8.2 refer to S2.3.4) Shortening the length of time in which permanency is achieved is dependent upon services being provided to the family. Procedures to access various

service funding streams will be established and put into a clear and concise service funding access grid that staff can use for quick reference.

(P1.8.3 refer to P1.7.1) The Family Support Team meeting is the setting for developing a service plan to achieve the child's case goal. The FST meetings are intended to support the family in making changes to assure safety and permanency for the child. By increasing the frequency and timeliness per policy of Family Support Team meetings the Children's Division will improve stability, assist the family in reaching the case goal more quickly, and conduct better aftercare planning to reduce re-entries.

(P1.8.4 refer to P1.7.2) Quality as well as timely FST meetings will assist families in achieving their case goal sooner. Establishing the permanency goal early on and regularly reviewing the goal assures that all team members have a common understanding about what the family is trying to achieve.

(P1.8.5 and P1.8.6 refer to P1.7.5) Collaboration between court staff and the Children's Division to ensure consistency of ASFA and Permanency hearings will impact the ability to work towards reunification and permanency with relatives. Additionally, there will be a collaborative effort to provide cross training to the judiciary, court staff, GALs and CD staff on their various roles and responsibilities. A contract has already been developed to provide this training and meetings between OSCA and the CD will be held to discuss the roles and responsibilities of all parties.

(P1.8.7 and P1.8.8) To establish the goal of guardianship more expeditiously, Missouri law will need to be amended to allow Juvenile Courts the ability to enter temporary custody orders and transfer jurisdiction to Probate and Circuit Courts. To do this, the Children's Division will work in conjunction with the OSCA and DLS to draft a proposal to expedite guardianship. Each circuit will also work concurrently with their court to determine which strategy will expedite guardianship for children placed with relatives in CD custody. In addition, once logic has been created, coding changes in Legacy will track additional kinship placement types and show children are correctly placed by legal status, which will expedite permanency for children.

## **Item 9: Adoption**

(P1.9.1) Filing procedures for Termination of Parental Rights (TPR) vary across the state. Filing issues and docket management will be best resolved when completed on a circuit-by-circuit basis. However, the first step is for the court and the Children's Division to have a common understanding on the criteria a case must meet in order to pursue TPR. The Children's Division will develop policy outlining supervisor and staff responsibilities in filing TPR, including documentation of compelling reasons for not filing TPR. Each circuit office will meet with their judiciary to establish a process for expeditious filing of TPR case.

(P1.9.2 refer to P1.6.5) An increase in the number of resource families is essential in the Division's ability to find adoptive resources for the children in need of permanency.



By awarding performance based permanency and resource contracts, as well as increasing the number of staff as needed throughout the state, the Division's ability to increase the number of home studies for prospective families will increase. The contracts will provide performance expectations for contracted services, which will net the Division with better equipped adoptive families. A workload staffing analysis will be conducted to determine staffing needs for completion of home studies and finalizing adoptions. Additional resources will be committed as needed per available resources.

(P1.9.3 and P1.9.4) As stated in the final report, the most significant barrier to achieving adoptions was the agency's failure to file for TPR in a timely manner. In many cases, the Juvenile Office files a petition for TPR; however, it is also the prerogative of the agency to do so when in the child's best interest. Improved access to legal representation will allow the Children's Division staff to file terminations and adoptions timely. Current legal resources are scant due to budgetary cuts to the Division and to the court system as well as an increase in children needing permanency. In July of 2004, the Division of Legal Services (DLS) identified a plan to fill vacant FTE's or contract for attorneys. The additional attorneys are being hired and placed in areas of need. Further, DLS and the law schools will identify and seek other funding sources for the expansion of the law school cooperative program. The Children's Division and DLS will establish a workgroup to develop a protocol for accessing DLS attorneys. Monitoring will occur by a CD and DLS joint committee for improvement.

#### **Item 10: Permanency goal of other planned permanent living arrangement**

(P1.10.1 refer to P1.6.5) Much of the success of youth, who have a case goal of another planned permanent living arrangement, is dependent upon their preparation for eventual independence and support system after independence occurs. The foster parents of these youth must be prepared to assist them in working on their independent living skills. To increase the number and quality of resource families for older youth, the division will implement the recruitment and retention plan developed through the Chafee program, the Adopt US Kids campaign, and development of the recruitment and resource development contracts. Additionally, the Ready, Set, Fly curriculum for foster parents with older youth and the Chafee recruitment video will be incorporated into foster parent training.

(P1.10.2) Each year many youth are served through the Independent Living Program (ILP) due to the dedication and commitment of the ILP staff. However, increasing awareness of the program to CD staff, juvenile court and other youth serving agencies must be an ongoing process. Increasing awareness of the Education and Training Vouchers program as well as other Chafee services is a priority for Missouri's ILP. Informational meetings, seminars and workshops has been available to staff and community providers beginning with the annual Chafee stakeholder meetings. ILP staff has been working to design an ETV poster for distribution to secondary and higher educational institutions. An information memorandum will be written and disseminated

to staff about the importance of involving ILP staff in the case planning process for older youth.

(P1.10.3) CD recognizes the importance of serving youth younger than age 16 through the ILP. In FY 2004, ILP staff worked diligently to design a hands on curriculum for youth younger than age 16. Missouri's philosophy for its youth in care is one of empowerment, leadership and responsibility. Each year the State Youth Advisory Board designs and hosts an youth empowerment conference to promote foster youth reaching out through community services, encourage and strengthen positive youth and adult relationships, and educating youth and adults about available resources.

One consistent recommendation from the Chafee stakeholder meetings held throughout the state in 2004 was to designate an adolescent worker position. Such a position would increase program accessibility and aware to youth, CD staff, juvenile court and other youth serving agencies. A workgroup will be convened to identify workers and design a training plan. In addition a CD memo will be written and disseminated to all CD staff to involve ILP staff in the case planning process for older youth and to increase youth referrals to the Chafee program.

<b>Permanency Outcome 2: The continuity of family relationships and connections is preserved for children.</b>
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**Item 11: Proximity of foster care placements.**

This item was found to be substantially achieved.

**Item 12: Placement with siblings.**

This item focuses on a child's placement while they and their sibling(s) are in a foster care setting. Most of the stakeholders interviewed for the CFSR indicate that the agency attempts to place siblings together. The Children's Division has policy, which supports placement of siblings in the same alternative care setting.

(P2.12.1) In order to increase the number of siblings placed together, the agency developed a policy requiring a Family Support Team (FST) meeting be held prior to separating siblings and strengthened policy addressing the continual need for maintaining sibling relationships. Through the FST process, potential placement resources that would accept sibling groups may be discovered. Anticipated impact on the children will be fewer siblings separated and preserving connections and relationships between the siblings. These policy requirements were incorporated into the Peer Record Review and the Supervisory Case Review Tools and will be monitored by Circuit Managers.

If a placement resource for the sibling group cannot be secured, and the siblings are separated, an administrative review process needs to occur. The agency will develop an administrative level review to occur within 30 days of the siblings' separation. Circuit

Managers, regional staff and, as necessary, Central Office staff will review such cases in which the sibling group has been separated for 30 days. The purpose of the review will be to evaluate whether all viable options have been exhausted and determine if a subsequent FST meeting needs to occur to track case progress, including each child's current state of well-being, placement appropriateness, and placement options. Recommendations and feedback from the administrative review will be provided to the worker and his/her supervisor.

(P2.12.2 refer to P1.7.5) To augment this policy enhancement, the agency will also develop an ongoing training module regarding sibling placements for staff, foster parents, juvenile officers, GALs and judges. In order to accomplish this, the agency will develop a curriculum that emphasizes the importance of placing siblings together whenever possible by presenting information on sibling bonds, sibling rivalries, and the long-term effects of separation, etc. This training curriculum will be incorporated into foster parent training and the advanced Family-Centered Out-of-Home in-service training module for staff.

(P2.12.3 refer to P1.6.5) Increasing the number of resource families whom will accept sibling groups is critical to increasing the number of siblings placed together. The performance development resource contracts will be utilized for this purpose.

### **Item 13: Visiting with Parents and siblings in foster care**

(P2.13.1) The agency has policy that addresses frequency of visitation. Visitation between parents and siblings of children in foster care is arranged on an individual basis and is intended to occur in either a neutral setting or in the out-of-home care placement. The agency recognizes the need to enhance policy to improve the quality and frequency of visitation between the child and their parents and siblings, through the use of community partners (such as relative, foster parent, school or other Family Support Team member) when possible. This enhanced visitation policy will emphasize that visitation should have intention and be held in the least intrusive and most natural setting. The enhanced visitation policy will be incorporated into BASIC and on-going training and incorporated into the Peer Record Review and Supervisory Case Review tools. Circuit Managers will monitor this data and PET teams will assist them in developing improvement plans.

### **Item 14: Preserving Connections**

(P2.14.1) During the onsite review stakeholders stated that the Children's Division is not consistent in its efforts to promote and maintain children's connections with community and extended family. The Annie E. Casey Foundation, in consultation with community leaders and child welfare practitioners nationwide, has developed a reform initiative called Family to Family, which will address this issue. The system envisioned by Family to Family is designed to:

- Be targeted to bring children in congregate or institutional care back to their neighborhoods;
- Involve foster families as team members in family reunification efforts;
- Become a neighborhood resource for children and families and invest in the capacity of communities from which the foster care population comes;
- Provide permanent families for children in a timely manner.

This initiative is being piloted in St. Louis City. CD will evaluate the effectiveness of the program and feasibility for implementing the program statewide. Based on results of Family to Family evaluation and review of other state's best practices the division will determine statewide applicability. A statewide plan to address preserving connections will then be developed.

(P2.14.2 refer to P1.6.2) Improving diligent search for relative and missing parents will also assist the division in preserving connections for children in care.

(P2.14.3) The agency recognizes that children of American Indian descent need to maintain familial connection to encourage continued growth and learning of cultural traditions, activities and lifestyles. The agency has revised Missouri's Indian Child Welfare Act (ICWA) policy to reflect best practice standards. Questions about Native American heritage will be incorporated into the intake tool (CPS-1) and family assessment tool (CD-14) to ensure the possibility of Native American heritage is explored early in the division's involvement with a child and family. This will be monitored by adding an ICWA question to the Peer Record Review and the Supervisory Case Review tools.

### **Item 15: Relative Placement**

The agency views placement with relatives as a priority and makes concerted efforts to seek relatives as placement resources.

(P2.15.1 refer to P1.6.1) Alternative Care tracking system enhancements will be made to accurately track the use of kinship and relative placements.

(P2.15.2 refer to P2.15.2) Conducting a “diligent search” is necessary to find missing parents early in the case to ascertain parents’ intentions regarding the child(ren). It is also used to search for relatives to find the best possible placement for the child, which will lead to a quick and permanent solution for the child’s care.

(P2.15.3 refer to P1.6.2) The training provided for relative/kinship resource families needs evaluation. Relative and kinship caregivers will be surveyed on the adequacy of the Caregiver Who Knows the Child training curriculum. Data from the survey will be collected and analyzed and necessary adjustments will be made to the curriculum.

#### **Item 16: Relationship of Children in Care with Parents**

A key concern found in the CFSR was a lack of consistent effort to maintain children’s relationships with the non-custodial parent; specifically noted were fathers.

(P2.16.1) Conducting a “diligent search” is necessary to find missing parents early in the case to ascertain parents’ intentions regarding the child(ren).

(P2.16.2 refer to S2.3.2) Once parents are located, engagement of the parents throughout the case planning and decision making process is crucial to maintaining parent and child relationships. Strengthening worker and supervisor skills in engaging families in the assessment and case planning process will strengthen parent/child relationships.

#### **Item 17: Needs and services of child, parents, foster parents**

(WB1.17.1 refer to S2.3.1) Missouri policy requires an initial assessment of the family be completed within 30 days of receipt of a Hotline referral. A more in-depth family assessment (CD-14) is completed on the family if the case is open longer than 30 days. This assessment includes utilizing tools such as the genogram, eco-map, and timeline. While these tools are helpful in engaging the family, the CD-14 will be revised to better link service provision to the needs of the family.

(WB1.17.2 refer to S2.3.2) Family engagement in the assessment process is crucial to identification of needs and improved case planning.

(WB1.17.3 refer to S1.2.2) Assessing need and the provision of services for alternative care providers will be accomplished through the implementation of the “Confirming Safe Environments” work process.

<b>Well Being Outcome 1: Families have enhanced capacity to provide for children’s needs.</b>
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#### **Item 18: Child and family involvement in case planning**

(WB1.18.1) Involving parents (including pre-adoptive parents or permanent caregivers) and children in identifying the services and goals included in the case plan were found to be an area needing improvement in Missouri. Stakeholders noted that parents were invited to attend FST meetings; however, parents may perceive their issues or concerns are not heard or incorporated into the planning process. A protocol will be established to access CD staff outside of regular business hours.

(WB1.18.2 refer to P1.7.3) Improving the quality of the Family Support Team meetings will assist in increased family participation in the case planning process.

(WB1.18.3) One way to assure the needs of children and families are met is to inform individuals of their rights and responsibilities during the time their child is in an alternative care placement. A handbook, outlining information such as court proceedings, case planning meetings, legal representation, financial responsibilities, etc., will be developed and shared with parents to guide and assist them during this time. Existing documents will be reviewed to develop one handbook used consistently throughout the state. This will be field tested by consumers and their input will be solicited. Based on this input, revisions to the handbook will be made. Policy regarding the handbook will be submitted to the Policy Review Team for comment by field staff. After final revisions are made, the handbook and accompanying policy will be distributed to all staff.

#### **Item 19: Caseworker visits with child**

The CFSR found the level of face-to-face contact between children's service workers and the children in their caseloads was not consistently sufficient to ensure children's safety and well being and promote case goals. This was especially evident for in-home services cases. In other cases, visits failed to focus on issues pertinent to case planning, service delivery and goal attainment.

WB1.19.1 & 19.2) In order to increase policy compliance for the frequency of worker visits with children in both intact and out-of-home families, policy regarding responsibility for visits and the documentation is needed when visits did not occur in a timely way will be clarified. Currently policy requires workers to meet with the child and foster/kinship family within the first week and thereafter a minimum of every two weeks to monitor placement. New protocols that assure worker visits incorporate case planning, service delivery and goal attainment will be developed. These protocols will be determined by the visitation policy and practice workgroup and submitted to the Policy Review Team and executive management staff for feedback prior to approval by the executive team and implementation. Visit protocols will be incorporated into BASIC training for new staff. Furthermore, supervisor and staff field practice will be improved and supported through utilization of the regional Practice Evaluation Teams (PETs). Protocols will include the Confirming Safe Environments concepts discussed in Item 2 narrative.

(WB1.19.3) A statewide tracking measure, which will serve as the basis for a management report, is needed as a means of measuring and improving caseworker

visits. Using current information systems, it is difficult to monitor past or current compliance. A visitation policy and practice team will be convened to develop policy on visitation re: how often; what should take place during visits and possibly used as accountability of tracking where children are. To track visits electronically, enhancements to the existing ACTS and FCS system will be made. Children's Division staff will meet with MIS SACWIS management to develop logic and a reporting format for tracking visits. SACWIS will be available to track visitation in the Case Management System.

#### **Item 20: Worker Visits with Parents**

(WB1.20.1 and WB1.20.2) The CFSR found that worker visits with parents was an area needing improvement. The CFSR results indicated that, overall, the frequency and quality of worker visits with both mothers and fathers were not sufficient to monitor the safety and well being of the child or promote attainment of case goal. The Family Risk Assessment/Reassessment is a reliable tool used to assess risk to children. The risk level is used to guide the minimum amount of contact with the family each month for cases opened for ongoing services. CD minimum guidelines for very high risk families require workers to have two face-to-face/month contacts with the family and three outside collateral contacts/month. High risk level cases require one face-to-face and three collateral contacts/month. Moderate risk requires one face-to-face and two collateral/month and low risk requires one face-to-face and one collateral contact/month. The PRR will be revised to more accurately reflect the collateral contacts which are required.

The action steps necessary to enhance worker/parent visitation are the similar to those outlined in the first three benchmarks in Item 19 which include: developing clear protocols for quality visits with parents that focus on case planning, service delivery and goal attainment, clarifying policy on frequency of visits with parents and making changes to the ACTS and FCS systems to track visits with parents. The division will also strengthen relationships between the worker and resource provider by integrating the quality visit protocol into foster parent training and evaluating the Caregiver Who Knows the Child training.

### **Well Being Outcome 2: Children receive services to meet their educational needs.**

#### **Item 21: Children receive appropriate services to meet their educational needs.**

(WB2.21.1) This indicator focuses on addressing and meeting the educational needs of children in foster care and in-home services cases. Key concerns addressed in the CFSR report had to do with truancy and educational neglect in the in-home services cases reviewed. Of note was the adverse effect of placement changes on school attendance and performance. Strengthening and promoting positive relationships between schools and the division is critical to improving the educational well-being of children in both intact families and out-of-home care.



The first step in improving these relationships is to have educational personnel/liaisons involved in the team decision-making process. Therefore, protocols establishing when educational personnel should be invited to Family Support Team meetings will be developed.

The Children's Division and many school districts are partnered to provide the School Based Social Worker (SBSW) Program. The rationale for this program is the prevention and early identification of children at possible risk of child abuse and neglect or other barriers that would limit full potential for success in the school setting. Missouri school districts interested in the SBSW program can submit a proposal for a Cooperative Service Program. The division pays 35 percent and the school pays 65 percent of the salary for the SBSW. The function of the SBSW broadens the expanse of services available to the child and family, differing in focus and job duties than the traditional guidance school counselor. The goal is for all parties involved to collaborate, enhance and complement the type of services provided to ensure the best interests of the child.

Even when educators are included in FST's, there will still be instances when division staff needs additional assistance in advocating for the educational needs of children. For this reason, educational liaisons will be regionally assigned to assist staff in brokering educational services. This staff person will have the knowledge and expertise to help guide children through the educational system, especially as it relates to special educational needs issues and the Safe Schools Act.

The circuit self-assessment completed within each circuit will identify local barriers to providing appropriate educational services to children. Based on this assessment, a plan for addressing the local barriers with schools will be completed and implemented in each circuit. In addition, Children's Division central office administration will partner with the administration of the Department of Elementary and Secondary Education (DESE) to address identified barriers at the state level.

(WB2.21.2) To improve the flow of educational records and reports between schools, a protocol will be developed for children in care to allow for custodial permission to access the educational and medical records necessary for enrollment. The regional educational liaison will also be used to work with schools and staff in getting records for enrollment when difficulties arise. In addition, accountability measures for transferring educational records will be incorporated into the residential facility contracts to ensure these facilities are transferring records in a timely manner.

(WB2.21.3 and WB2.21.4) Incidence of educational neglect, truancy and suspensions of children in both intact families and out-of-home negatively affect educational well-being. The National Resource Center on Organizational Improvement Child Protective Services and other national education resources will be accessed to assist in identifying risk factors for educational neglect, truancy and suspensions. Early identification of these risk factors will be incorporated into the CS-1 (Child Assessment and Case Plan) and the CD-14 (Family Assessment). A protocol for accessing early interventions for students found to be at risk and for children expelled due to implementation of the Safe

Schools Act will be developed. The draft protocol will be distributed and implemented statewide.

### **Well Being Outcome 3: Children receive adequate services to meet their physical and mental health needs**

#### **Item 22: Physical health of the child**

Stakeholders indicated the Children's Division is consistent in ensuring the physical needs of the child in foster care are met. However, in some parts of the state, it is difficult to find a dentist that will accept Medicaid. This causes a lack of sufficient dental services for some children in foster care.

(WB3.22.1) In order to increase the ability of division staff to access dental care for families, each circuit will identify existing dental resources through the circuit self-assessment. Additionally, a dental coordinator will be assigned in each region and Medicaid dental providers will be provided notice of the regional dental coordinator. This staff person will have full knowledge of dental resources and funding streams within the region. At the state level, the division will partner with the Division of Medical Services to assess and develop a plan to reduce the administrative burden on Medicaid dental providers. Additionally, the division will complete an assessment regarding expansion of the dental van program currently available in Jackson County.

Jackson County began partnering with a mobile dental group Reachout Healthcare America to schedule appointments for children to receive dental care at mobile sites in November 2003. Bridgeport, the dental subcontractor for MC+ plans to formalize agreements with Reachout to provide services for any Jackson County child with MC+ or Medicaid. A dentist, x-ray technician and a dental hygienist are available each visit to provide routine dental work including cleaning, oral hygiene, fluoride treatments, sealants, and fillings. More complicated and orthodontic services are not provided at the mobile site. The Jackson County dental coordinator has been communicating with Reachout to inquire about what other cities the mobile dental group visits and the possibility of expanding this service to other children eligible for MC+ or Medicaid in other parts of the state.

(WB3.22.2) Another concern identified was the lack of medical services for intact families. The Children's Division will increase the ability of staff to assess medical needs of families. To identify needs with intact families, the CD-14 (Family Assessment) will be revised to include an assessment of medical needs for each person in the family. The revised form and form instructions will be issued to all staff. Circuit Managers will be assisted by quality assurance specialist to monitor the Supervisory Case Review outcomes. Regional Practice Evaluation Teams (PETs) will be utilized to support practice protocols related to medical needs assessment.

#### **Item 23: Mental health needs of the child**

Stakeholders indicated there are insufficient mental health services to meet the needs of children in foster care and in-home services cases in many areas of the state. Stakeholders also noted the agency has difficulty obtaining psychological services and substance abuse treatment services for children through state mental health agencies. Specific concerns included a lack of qualified therapists who understand child abuse and neglect, services for dually diagnosed children and services for children with a diagnosis of mental retardation and developmental disabilities.

(WB3.23.1) The Children's Division will increase the ability of staff, foster parents and families to access available mental health resources. Mental health resources will be identified in each circuit through the circuit self-assessment and a mental health coordinator will be designated in each region to assist staff in accessing available resources for families. These coordinators will convene teams to identify local barriers and develop plans to alleviate barriers and create partnerships to improve service delivery in the mental health arena. In an effort to encourage mental health providers to accept Medicaid, the division will work with the Division of Medical Services to reduce the administrative burden on Medicaid providers. Additionally, the development of the comprehensive state children's mental health plan discussed in Item 3 will coordinate the resources of multiple agencies and remove system barriers that might otherwise result in children not accessing all needed services.

(WB.3.23.2) Staff and foster parents must be cognizant of the mental health trauma a child may experience due to removal from the home and subsequent changes in placement. To increase awareness about these attachment and mental health issues, attachment issues training will be incorporated into the ongoing training curriculum. Implementation of HB 1453 will assist in reducing the number of moves a child in care experiences, thus reducing attachment-related trauma. Provisions within HB 1453 include mandatory Family Support Team meetings prior to any move or with 72 hours of an emergency move. Additional trainings entitled "Working with the Explosive Child", "Grief and Loss", and "Reactive Attachment Disorder" will be offered semi-annually to staff.

(WB3.23.3) Early identification of mental health needs is vital to ensuring the well-being of children and families. To assist staff in identifying these needs with intact families, the CD-14 (Family Assessment) will be revised to include an assessment of specific mental health needs of children and family members. The revised form and form instructions will be issued to all staff. Mental health needs assessment practice will then be supported through the use of Practice Evaluation Teams (PET) in each region.

### **Systemic Factors**

#### **Statewide Information System**

**Item 24: System can identify the status, demographic characteristics, and location and goals of children in foster care.**

This item was found to be substantially achieved.

## Case Review System

**Item 25: Provides a process that ensures that each child has a written case plan to be developed jointly with the child's parent(s) that includes the required provisions.**

This item was found to be an area needing improvement due to case plans not being developed jointly with the child's parent on a consistent basis. Though policy and practice support a strength-based process that empowers families, there is a need to embed that approach within the organization and ensure the family does not feel they have little input into a plan that is dictated by the court and/or agency. There was a concern regarding "cookie-cutter" plans that don't address the underlying needs or build on the unique strengths and resources of a particular family. Clearly articulated values and principles, which are consistently reinforced in the field and shared by key stakeholders, are essential in order to change practice.

(25.1 refer to S2.3.1) Revising the assessment and case planning tools to be more user-friendly will assist with engaging families in the case planning process. The CD-14 will be revised to ensure a more a global assessment of family needs and strengths.

(25.2 refer to S2.3.2) Family participation in Family Support Team meetings is directly related to the engagement of the family by the worker and the amount of preparation (or lack thereof) of the family ahead of time.

(25.3 refer to S2.3.3) To ensure accountability for good social work practice, supervisors must have the capacity to monitor practice. The division will improve supervisor capacity to monitor case planning practices.

(25.4 refer to P1.6.2 and S2.3.2) Improving diligent search mechanisms will assist in maximizing familial participation in the case planning process. Strengthening worker and supervisor skills in engaging families in the case planning process will ensure plans are developed jointly with families.

(25.5) Improving the overall Family Support Team facilitation skills of staff will ensure that the family has input into the case planning process. Fundamental FST skill application has been a part of BASIC training. In February 2005, Professional Training and Development will roll out an enhanced/improved version of this skill application. A supplemental one day FST training will be offered to existing staff focusing on skills necessary to conduct effective FST meetings beginning in February 2005. Twenty-five sessions will be available through October 2005. In addition, the Advanced FST skill application will become available in February 2005. Twenty-five sessions will also be available throughout the state in 2005 with a concentrated focus on leading and modeling FST facilitation skills. The use of solution focused techniques will be demonstrated and practiced. The advanced FST facilitation training will be integrated

into the advanced Family-Centered Out-of-Home Services in-service module in May 2006 and Advanced Family-Centered Services in-service module in September 2006.

**Item 26: Provides a process for the periodic review of the status of each child, no less frequently than once every 6 months, either by a court or by administrative review.**

The CFSR determined that FST meetings are not always held in a timely manner. Additionally, FSTs convened for the six month administrative review do not meet the Federal requirement of involving a third party participant.

(26.1) The current policy will be revised to clarify FST requirements/procedures. Once developed, the revised policy will be sent to the policy review team and management for comment. Revision will be made based upon review comments and distributed to all staff.

(26.2) Circuit Managers will recruit a pool of qualified volunteers to participate as third party reviewers for the six month administrative reviews. These reviewers will be assigned to case reviews by the Circuit Managers.

(26.3) In order to increase the ability to track the six month administrative review, the child assessment and case planning form (CS-1) will be revised to specifically denote the six month review. The revised form will be distributed to all staff. Additionally, Alternative Care Tracking System (ACTS) system logic will be developed and a field will be added to the SS-61 (ACTS form). Staff will only be able to enter a 6 month administrative review into the system and get credit for it if the 3<sup>rd</sup> party reviewer criteria has been met for that review.

**Item 27: Provides a process that ensures each child in foster care under the supervision of the State has a permanency hearing in a qualified court or administrative body no later than 12 months from the date the child entered foster care and no less frequently than every 12 months thereafter.**

The CFSR determined the State does not consistently ensure that each child in foster care has a permanency hearing no later than 12 months from the date the child enters care and no less frequently than every 12 month thereafter. And, there is no statewide system in place for tracking the timeliness of permanency hearings. In addition, many of the 12-month hearings involve only “paper” reviews and full hearings are not being held unless one of the parties specifically requests it.

The Social Security Act, Title IV-E, SEC. 475 (5). [42 U.S.C. 675], mandates that states develop a case review system to assure “...each child in foster care under the supervision of the State has a permanency hearing, in a family or juvenile court or another court (including a tribal court) of competent jurisdiction, or by an administrative body appointed or approved by the court, no later than 12 months after the date the child is considered to have entered foster care (as determined under subparagraph (F)

and not less frequently than every 12 months thereafter during the continuation of foster care which hearing shall determine the permanency plan for the child that includes whether, and if applicable when, the child will be returned to the parent, placed for adoption and the State will file a petition for termination of parental rights, or referred for legal guardianship, or (in cases where the State agency has documented to the State court a compelling reason for determining that it would not be in the best interests of the child to return home, be referred for termination of parental rights, or be placed for adoption, with a fit and willing relative, or with a legal guardian) placed in another planned permanent living arrangement...”

Section 210.720 of the Missouri Revised Statutes is consistent with the Act, stating that:

1. In the case of a child that has been placed in the custody of the division of family services... every six months after the placement, the foster family, group home, agency or child care institution with which the child is placed shall file with the court a written report on the status of the child. The court shall review the report and shall hold a permanency hearing within twelve months of initial placement and at least annually thereafter. The permanency hearing shall be for the purpose of determining in accordance with the best interests of the child a permanent plan for the placement of the child, including whether or not the child should be continued in foster care or whether the child should be returned to a parent, guardian or relative, or whether or not proceedings should be instituted by either the juvenile officer or the division to terminate parental rights and legally free such child for adoption.”

Reasons for noncompliance with above laws, specifically delays in such hearings, were analyzed and determined to fall into three major categories:

- Lack of legal representation for all parties to include Children’s Division staff, children, parents and juvenile officers;
- Inconsistency in permanency hearing practices; and
- Inconsistent or lack of tracking and notification of permanency hearings.

It was observed that legal representation played a crucial role in facilitating the timeliness of permanency hearings. It was noted that in many cases when parties were not represented on the appointed court date, hearings were reset for a later date on an already overloaded docket, thus delaying permanency. This issue is not limited to the legal representation of parents under contested situations, but also applied to children. Court appointed Guardian Ad Litem in various parts of the state are few and are not easily replaced on short notice.

Competing opportunities for greater financial compensation and lack of training on Adoption and Safe Families Act (ASFA) guidelines may play a role in low prioritization of child welfare cases. In addition, many court appointed attorneys lack experience in the Juvenile/Family Court setting and are unfamiliar with associated laws. Although Children’s Division staff is required to submit status reports and recommendations to the court in the best interest of children, they are seldom legally represented. Such legal representation would come from the Division of Legal Services (DLS). However, access to DLS attorneys is limited due to budgetary constraints.

(27.1 refer to P1.9.4) To improve access to legal representation, the Children's Division and DLS have identified a plan to fill vacant FTEs and hired additional attorneys. Additionally, the division will work with the law schools to expand the cooperative program.

(27.2) Regardless of whether legal representation is provided to Children's Division staff, there is a need for training CD staff on witness skills and on the legal process in general. The purpose of this is not to provide professional expertise in the law, but rather to provide CD staff with the ability to conduct themselves in court in a competent manner to represent the best interest of the children they serve. The training will be developed collaboratively with CS, OSCA, NRC and DLS. The training will be incorporated into BASIC and ongoing for existing training.

(27.3) In some cases, review hearings are held at intervals that far exceed the expectations of the law. However, many of these reviews do not qualify as 'permanency hearings' by definition as they fail to address the required elements. Although frequent hearings may provide for added accountability of parties, the permanency of children is unaffected if a permanency plan and ASFA timeframes are not addressed. A concern is that there may be a lack of clarity within some courts as to the difference between a review hearing and a permanency hearing. Other situations have been noted where ASFA timeframes and permanency guidelines may indeed have been addressed, but not explicitly documented in the court order. As such, permanency hearings are neither documented nor conducted consistently across the state.

Currently, there is no statewide court system to track permanency hearings and ensure they are held in a timely manner. The Children's Division operates a statewide data system that tracks hearings and child placements. However, the information does not interact with the court docket, and therefore does nothing to alert the juvenile office to schedule permanency hearings when they are due. Some court circuits have a system of tracking hearings, but no statewide system exists. Notification of hearings is not consistent. This results in continuances and ultimately, delayed permanency. There is a lack of consistency as to who sends and who receives notice. Consequently, some parties are notified by the court, others notified by the Children's Division worker, while others are not notified at all. Likewise, the timing of such notification is also inconsistent.

A tracking system is currently being developed by the Office of State Courts Administrator (OSCA), but is not projected to be completed statewide in the near future. While court scheduling is not within the purview of the Division, the Division can take steps to promote hearing timeliness. As stated previously, the Division will provide staff training to improve testifying skills. The Children's Division will also collaborate at the state level with OSCA to ensure joint accountability for timely court hearings and identify those circuits in which court issues need to be addressed. Timeliness of hearings will be monitored through the development of an interagency work group which will address system-wide Juvenile Justice issues regarding consistency, communication and

coordination across judicial circuits. Additionally, local protocols between the court and local offices will be developed to ensure timely hearings. The Family Support Team policy will be revised to assure the twelve month permanency hearing date is discussed and documented during the team meeting. The revised policy will be incorporated into BASIC training.

(27.4 refer to P1.7.5) Attorneys appointed by the court are in need of some formalized training in laws applying to permanency, including ASFA timeframes. Included in such training would be an explanation of their roles and responsibilities as appointed representatives of children and parents. The CD will coordinate with the OSCA and DLS to provide cross training to court staff, Guardian ad Litem and division staff on ASFA and permanency hearings consistent with state and federal regulations.

**Item 28: Provides a process for termination of parental rights proceedings in accordance with the provisions of the Adoption and Safe Families Act.**

As stated in the Final Report, there were several barriers to ASFA compliance with regards to the TPR process in the State of Missouri. There was some overlap between these issues and the barriers for timely permanency hearings. For instance, lack of agency representation was addressed and listed as an action step for Systemic Factor 27 as delays in permanency reviews may ultimately result in delays of Termination of Parental Rights. Legal representation of parents is many times lacking prior to a TPR hearing because the court ordered appointments are time limited. Since appointments expire, hearings are often delayed so that another appointment can be made.

(28.1 refer to P1.9.4) To improve access to legal representation, the Children's Division and DLS have identified a plan to fill vacant FTEs and hired additional attorneys. Additionally, the division will work with the law schools to expand the cooperative program.

(28.2 refer to S2.3.2) Engagement of the family and child is critical to their involvement in the case planning process and service delivery. Staff must be aware of the reasonable efforts required by AFSA prior to filing TPR. If concurrent planning is to begin from the time a child enters care, frontline workers must not only be aware of ASFA timeframes and standards, but also intentionally working toward TPR while also working toward reunification. Training must deal with not only the reality that ASFA is relevant at the 72 hour FST, but also in how to conform to the law. Worker and supervisor skill in engaging the family will be strengthened by gathering focus group information and developing a training curriculum or guide.

(28.3 refer to P1.9.1) Termination of parental rights needs to be filed in a timely manner unless compelling reasons are documented in the record. Local procedures for TPR filings will be developed and division policy will address supervisor and staff responsibilities in documentation of compelling reasons for not filing TPR.



(28.4 refer to P1.6.2) Lack of service and reasonable efforts often delay TPR proceedings. A frequent cause is that the whereabouts or identity of the parent is unknown. In the spirit of exploring every possible placement option for the child, absent parents should be amongst the first considered. Although policy addresses the diligent search for absent parents, protocol will be developed to widen and document such efforts.

(28.5) Ideology and concern about the welfare of children can both present barriers to timely adoption/TPR. Typically, parties from the frontline worker to the judge/commissioner work to avoid creating 'legal orphans.' Although the concern is a valid one, it need not be the case. 211.447 RSMo. addresses the filing of a petition for TPR in cases of infant abandonment and when no reasonable efforts are required. However, there is currently no timeframe in the statute. Modification of the statute to comply with ASFA is appropriate and would expedite permanency. To do this, the Children's Division will work in conjunction with the Office of the State Court Administrator (OSCA) to draft a proposal and obtain a legislative sponsor for the bill.

**Item 29: Provides a process for foster parents, pre-adoptive parents, and relative caregivers of children in foster care to be notified of, and have an opportunity to be heard in, any review or hearing held with respect to the child.**

(29.1) Notification to caregivers of children in alternative care is mentioned in three places in the Missouri Statutes. Although it is clear that the court is responsible to notify caregivers in both 211.464 RSMo. & 211.566 RSMo. (Foster Parent Bill of Rights), in Section 211.171 RSMo., no one is listed as the party responsible for such notification. HB 1453 indicates it is the courts responsibility to notify parties of hearings. Five sessions of Comprehensive Child Welfare Training co-sponsored by OSCA during March, April and May 2005 for CD, court staff and judges will include notification of this responsibility. Although notification is a court process, each circuit has in a place a mechanism based on local protocol to ensure their circuit court has available addresses to notify parties of upcoming court hearings. Questions regarding notification of court hearings will be incorporated into consumer surveys for foster parents, youth and biological parents for monitoring purposes.

### **Quality Assurance System**

**Item 30: The State has developed and implemented standards to ensure that children in foster care are provided quality services that protect the safety and health of the children.**

This item was found to be substantially achieved.

**Item 31: The State is operating an identifiable quality assurance system that is in place in the jurisdiction where the services included in the CFSP are provided, evaluates the quality of services, identifies strengths and needs of the service**

**delivery system, provides relevant reports, and evaluates program improvement measures implemented.**

This item was found to be substantially achieved.

## **Training**

**Item 32: The State is operating a staff development and training program that supports the goals and objectives in the CFSP, addresses services provided under titles IV-B and IV-E, and provides initial training for all staff who deliver these services.**

This item was found to be substantially achieved.

**Item 33: The state provides for ongoing training for staff that addresses the skills and knowledge base needed to carry out their duties with regard to the services included in the CFSP.**

(33.1, 33.2, 33.3, 33.4, and 33.5) A goal of the Children's Division is to institute a comprehensive, competency-based training program for front line staff and supervisors that contains both pre-service and ongoing in-service training. The training is being revised to strengthen the clinical focus and create linkages with the field through clinical supervision and mentoring that will support the transfer of learning via specified On the Job Training (OJT) activities. Research indicates that classroom training alone does not fully ensure the fidelity of good field practice. Practice excellence requires a training structure that blends learning approaches, including: competency-based, skill-building classroom training; long-distance, web-based learning that supports and supplements the classroom; and, On the Job Training that is consistently provided, processed, and evaluated by clinical field mentors and supervisors during daily interactions with staff.

The Professional Development and Training Unit has carefully examined current training, as well as results from agency quality assurance measures such as peer record reviews, practice development reviews, the Survey of Organizational Excellence, the CQI process, the COA standards, and audit reports. Other information such as feedback from field staff through focus groups and regionally conducted trainings as well as information gathered from other state training programs has also been considered. As a result, the Professional Development and Training Unit is creating a new training structure that will provide required pre-service and in-service training for frontline staff and supervisors during their first two years of employment.

The current Child Welfare Practice Pre-Service Basic Orientation Training is provided to all new frontline staff during their first three months of employment. The training is based on agency policy and practice and uses a variety of learning methods, including entry level skills practice and demonstration. The training follows the social work continuum with an emphasis on intake, assessment, case planning, treatment planning, service delivery and closure with the family. Family systems, values, joining and

engaging, cultural diversity and child development are also some of the topics addressed within the training.

The new advanced in-service training will build on the skills and knowledge gained by staff during the Child Welfare Practice pre-service training. This will be enhanced through specific skills practice and demonstration. In addition, the new structure will provide a framework to assess staff needs for additional elective in-service training during or beyond their first two years. This will be done through the use of classroom and On the Job Training evaluation and individualized professional development plans that will be created by supervisors and their staff to mutually assess skill acquisition and demonstration.

(33.6) The creation of a Training Advisory Committee comprised of clinical mentors, trainers, field staff and possibly representatives from a school of social work will provide a network that will identify areas for practice improvement, assess training needs and assist in assessing individual staff competence as well as circuit competence.

There will be two key priorities upon which Professional Development and Staff Training will focus as the agency moves toward attaining practice excellence. One will be the creation and implementation of new supervisory training, which will have both an administrative and clinical focus. The second area will be the development and implementation of required advanced in-service training for front line staff.

(33.7) Additionally, the Child Abuse and Neglect Training Institute has been developed to increase training opportunities for staff. The institute is the result of a cooperative effort between the division and numerous community partners. In early 2004, the CA/N Training Institute Planning Partnership committee met to finalize topics and session content for three CA/N Training Institute sessions. The sessions are video conferenced to locations all over the state to allow for maximum participation. Each training has selected speakers that address a wide variety of topics relevant to Child Abuse and Neglect.

(33.8) Additional circuit specific training will be provided based on needs identified in the Circuit Self-Assessments. To access this training the circuits will notify the Professional Development and Training Unit of their targeted training need. The Professional Development and Training Unit will then design a training targeted to the specific need of that circuit.

**Item 34: The State provides training for current or prospective foster parents, adoptive parents, and staff of State licensed or approved facilities that care for children receiving foster care or adoption assistance under title IV-E that addresses the skills and knowledge base needed to carry out their duties with regard to foster and adopted children.**

This item was found to be substantially achieved.

## Service Array

**Item 35: The State has in place an array of services that assess the strengths and needs of children and families and determine other service needs, address the needs of families in addition to individual children in order to create a safe home environment, enable children to remain safely with their parents when reasonable, and help children in foster and adoptive placements achieve permanency.**

CFSR results indicated service array deficit in various areas of the state. Specifically noted was a lack of dental services; alcohol and drug abuse (ADA) services; foster homes for older youths, siblings groups, disabled and medically fragile children; parenting classes for teens; parent aides; interpretation services for non-English speaking consumers; and transportation services. Service array deficits were particularly noted in the rural areas of the state.

As service array varies from community to community, development of a statewide strategy to address service array deficits becomes problematic without a thorough understanding of the particular needs in each circuit. For this reason, an analysis of service array was incorporated into the circuit self-assessment.

(35.1 refer to WB3.22.1) In order to increase the ability of division staff to access dental care for families, each circuit will identify existing dental resources through the circuit self-assessment. Additionally, a dental coordinator will be assigned in each region and Medicaid dental providers will be provided notice of the regional dental coordinator. This staff person will have full knowledge of dental resources and funding streams within the region. At the state level, the division will partner with the Division of Medical Services to assess and develop a plan to reduce the administrative burden on Medicaid dental providers. Additionally, the division will complete an assessment regarding expansion of the dental van program currently available in Jackson County.

(35.2) The ADA section of the Department of Mental Health has indicated there are sufficient ADA services to meet the needs of families. However, division staff does not know how to appropriately connect families with these resources. To increase the ability of staff to access ADA services, the division has partnered with the ADA section of the Department of Mental Health to develop a joint in-service training called Family, Drugs and Safety. This training was initially field tested in the southwestern region of the state and is scheduled to be tested further in Jefferson County. Curriculum will be revised to reflect recommendations during the field test, including who the target audience is and how many staff to be trained. The Professional Development and Training Unit will provide three additional trainings across the state.

(35.3 refer to P1.6.5) In order to increase the availability of foster homes for older youth, siblings, and disabled or medically fragile children, the same strategies will be employed as found in the discussion in narrative Item 6. Strategies to be employed include implementing a recruitment and retention plan for foster home serving older

youth through the Chafee program, implementing the Adopt US Kids campaign, and developing performance based resource development contracts.

(35.4) In order to increase the availability of and access to parenting classes, the division will, based on the circuit self-assessment, identify circuits most in need of parenting classes and parent aide services. Performance based contracts for family/parent aide and parenting class services will be developed to serve those circuits with an identified need.

(35.5) To increase the availability of non-English speaking services, the division will, based on circuit self-assessment, identify circuits most in need of non-English speaking services. A recruitment plan for multi/bilingual staff will also be developed. Additionally, state forms will be made available in Spanish to accommodate Missouri's increasing Hispanic population.

(35.6) In order to increase the availability of transportation services, the division will, based on circuit self-assessment, identify circuits which do not have transportation services available. Service organizations will be recruited regionally to provide transportation services. Additionally, transportation children's treatment services (CTS) contracts will be issued statewide.

**Item 36: The services in item 35 are accessible to families and children in all political jurisdictions covered in the State's CFSP.**

See narrative for Item 35.

**Item 37: The services in item 35 can be individualized to meet the unique needs of children and families served by the agency.**

CFSR findings indicated services are not available to meet the individualized needs of children and families. CTS flexible funding was not always available, service plans were found to be cookie cutter and services provided often did not correspond with the reason a child entered care.

(37.1) To provide individualized services the Children's Division will expand existing services and increase funding for concrete services. See narrative for Item 35.

(37.2 refer to S2.3.2) Individualized services are dependent upon the quality of the initial assessment and subsequent case planning. Strengthening worker and supervisor skills in engaging families in the assessment and case planning process will assure services are individualized to meet child and family needs. To accomplish this, the same action steps discussed in the narrative for Item 3 will be employed and include: conducting focus groups to identify clinical support needs, establishing baseline information, developing worker discussion guides, and enhancing case planning part of BASIC curriculum for new staff.

## **Agency Responsiveness to the Community**

**Item 38: In implementing the provisions of the CFSP, the State engages in ongoing consultation with tribal representatives, consumers, service providers, foster care providers, the judicial court, and other public and private child- and family-serving agencies and include the major concerns of these representatives in the goals and objectives of the CFSP.**

This item was found to be substantially achieved.

**Item 39: The agency develops, in consultation with these representatives, annual reports of progress and services delivered pursuant to the CFSP.**

This item was found to be substantially achieved.

**Item 40: The State's services under the CFSP are coordinated with services or benefits of other Federal or federally assisted programs serving the same population.**

This item was found to be substantially achieved.

## **Foster and Adoptive Parent Licensing, Recruitment, and Retention**

**Item 41: The State has implemented standards for foster family homes and child care institutions which are reasonably in accord with recommended national standards.**

This item was found to be substantially achieved.

**Item 42: The standards are applied to all licensed or approved foster family homes or child care institutions receiving title IV-E or IV-B funds.**

This item was found to be substantially achieved.

**Item 43: The State complies with Federal requirements for criminal background clearances as related to licensing or approving foster care and adoptive placements and has in place a case planning process that includes provisions for addressing the safety of foster care and adoptive placements for children.**

This item was found to be substantially achieved.

**Item 44: The State has in place a process for ensuring the diligent recruitment of potential foster and adoptive families that reflect the ethnic and racial diversity of children in the State for whom foster and adoptive homes are needed.**

(44.1 refer to P1.6.5) Strategies used to ensure the diligent recruitment of foster and adoptive families are the same the action steps discussed in the narrative in Item 6 and include; implementing a recruitment and retention plan for foster home serving older youth through the Chafee program, implementing the Adopt US Kids campaign, and developing performance based resource development contracts.

**Item 45: The State has in place a process for the effective use of cross-jurisdictional resources to facilitate timely adoptive or permanent placements for waiting children.**

This item was found to be substantially achieved.

# **Missouri Department of Social Services Children's Division**



## **Annual Program Improvement Plan Report Achieving Positive Outcomes for Missouri's Children and Families**



**February 28, 2006**



## **AN OVERVIEW OF MISSOURI'S PROGRAM IMPROVEMENT PLAN Annual Report: February 2005 – January 2006**

This report provides progress on the Program Improvement Plan for the Child Family Services Review (CFSR) for Missouri. The CFSR was conducted the week of December 8, 2003. The CFSR assessed state performance with regards to seven child welfare outcomes for safety, permanency, and well-being and seven systemic factors with respect to the State's capacity to achieve positive outcomes for children and families. The Program Improvement Plan (PIP) was approved and went into effect on February 1, 2005. The first quarterly PIP update was submitted in June 2005 and followed by three more quarterly progress reports.

The overall findings with regards to the state's performance were that Missouri did not achieve substantial conformity with the seven child welfare outcomes assessed through the CFSR. With regards to the systemic factors, the CFSR determined that the State was in substantial conformity with the factors of Statewide Information system; Quality Assurance System; Training; Agency Responsiveness to the Community; and Foster and Adoptive Parent Licensing, Recruitment, and Retention. The State did not achieve substantial conformity with the systemic factors of Case Review System or Service Array.

### **Signs of Progress**

#### **Children's Division Mission and Principles**

On February 6, 2003, Governor Bob Holden issued an Executive Order 03-03 which created a Children's Division by combining the Children Services Section of the former Division of Family Services with the Office of Early Childhood. The order became effective on August 28, 2003. The goal for establishing the new division was to improve the effectiveness and efficiency of the child welfare system by heightening the focus on children's issues within the agency and leveraging prevention investments to reduce abuse and neglect.

After an extensive review of the organizational needs of the division and with a focus on family-centered practice excellence, a clear vision and mission for the Children's Division emerged. This mission is supported by six guiding principles key to the division's work with children and families.

### **Mission Statement**

***The mission of the Children's Division is to partner with families and communities to protect children from abuse and neglect and to assure safety, permanency and well being for Missouri's children.***

## **Guiding Principles**

**Partnership:** Families, communities and government share the responsibility to create safe, nurturing environments for families to raise their children. Only through working together can better outcomes be achieved.

**Practice:** The family is the basic building block of society and is irreplaceable. Building on their strengths, families are empowered to identify and access services that support, preserve and strengthen their functioning.

**Prevention:** Families are supported through proactive, intentional activities that promote positive child development and prevent abuse and neglect.

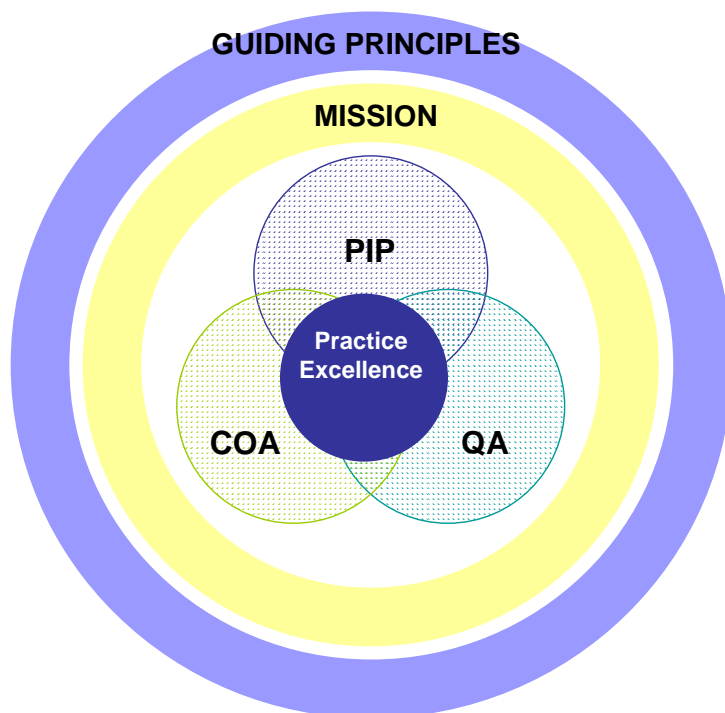
**Protection:** Children have a right to be safe and live free from abuse and neglect.

**Permanency:** Children are entitled to enduring, nurturing relationships that provide a sense of family, stability and belonging.

**Professionalism:** Staff are valued, respected and supported throughout their career and in turn provide excellent service that values, respects and supports families. The creation of the Children's Division in August 2003 and subsequent reorganization allowed a heightened focus on children's issues and resulted in the creation of a specific mission and guiding principles for the Children's Division.

## **Major Milestones**

The CD believes the PIP, the Continuous Quality Improvement (CQI) process and efforts made toward achieving state accreditation through the Council of Accreditation are intricately tied to one another. During the past year, the division utilized the PIP as a roadmap for practice improvement with the CQI process functioning as a vehicle for change. During this time the division is cognizant of developing solutions which meet best practice standards and are in alignment with our mission and principles.



## **Accreditation**

During the past few years, Missouri's child welfare system has undergone audits and reviews leading to the recognition of the need for change and improvement. The CD responded by devising plans to enhance its practices to better ensure the safety and well-being of children.

The CD is committed to providing quality services to the children and families it serves. As part of the effort to accomplish this, it is the division's intent and goal to meet standards of best practice established by the Council on Accreditation (COA), as specified in House Bill 1453, passed during the FY05 legislative session.

The division must demonstrate to COA that its programs, policies, procedures, and practices are in compliance with COA standards and therefore worthy of receiving accreditation notoriety. As funding permits, the division will seek accreditation on a judicial circuit by circuit basis. Four circuits, along with Central Office and the Hotline, were selected to receive COA site visits in the first wave based on their overall readiness to meet accreditation standards as determined by the circuit self assessments. Site visits scheduled during FYO6 will begin in March and end in June.

In the past year, to meet accreditation standards, staff members have worked to improve casework practice and documentation including but not limited to the following:

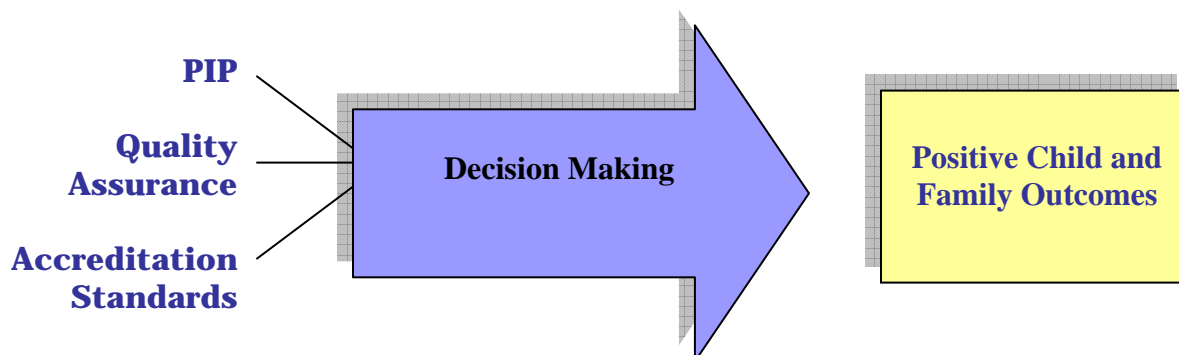
- CPR/ and Basic First Aid Training is now a requirement for all foster and kinship care providers in the first wave circuits to ensure they are equipped to handle medical emergencies that arise with children in their care. This requirement will be extended to other caregivers in each circuit that is put forth for accreditation;
- Cultural Competency Training is being offered, and interview questions were developed to ensure that staff members are sensitive to diverse cultural traditions within the service population;
- Policies addressing clients' rights, communication with special needs clients, and safety of personnel have been developed or strengthened statewide to meet accreditation standards;
- Additional staff contracted to reduce caseload sizes and supervisor to staff ratio;
- Job specifications revised and awaiting approval to increase educational requirements to ensure front line workers are adequately qualified to perform their jobs.

Undergoing the accreditation process speaks to the commitment of the CD in advocating for and fulfilling its mission to ensure safety, permanency, and well-being for Missouri's children and families.

## **The Quality Assurance Unit.**

Accreditation requires the division to develop a plan for continuous quality improvement. As testament of commitment to continuous quality improvement, the Quality Assurance (QA) Unit was formed in December of 2004. The QA unit consists of a QA Unit

Manager and seven regional QA Specialists. Using the PIP as a roadmap, the QA Unit assists in analyzing the information produced by the data system, targets specific areas needing improvement and works with regional and frontline staff through Practice Enhancement Teams to develop local action plans. The QA Unit also partners closely with Regional Field Administrators to meet both regional and statewide quality assurance needs. All of the quality assurance activities in which the Division engages feed into a continuous quality improvement process. The quality assurance data, the PIP, and accreditation best practice standards are used to drive decision making in Central Office and in the field as illustrated below. Decision making based on these components results in continuous quality improvement, process to achieve and positive outcomes for children and families.



With the assistance of the Quality Assurance Unit, each circuit is assessing PIP identified data measures, monitoring them on an ongoing basis, and developing strategies to address areas needing improvement. Circuits are accessing further technical assistance through **Practice Enhancement Teams** (PETs). PETs include a variety of members based on the issue of concern. For example, PETs are currently being convened to address data inaccuracy, to develop a global visitation policy, to examine safety across all program lines, and to determine supports necessary for supervisors.

## Key Progress Related to Outcomes

The CD is committed to systemic changes that will lead to improved practice and outcomes. In the past year, improvements have been made that we believe will have a direct impact in the outcomes of safety, permanency and well being of children.

### Safety

- ➡ Enhanced policy on initiating contact and increased the accuracy of initial contact data
- ➡ Development of local plans to respond more timely to reports of maltreatment
- ➡ Implementation of Call Management and Structured Decision Making Protocols at the CA/N Hotline
- ➡ Strengthened policy on safety assessment
- ➡ Improvement of family assessment and case planning tools

- Strengthened worker/supervisor skills in engaging families in the case planning process
- Enhanced background screening for foster/kinship providers

### **Permanency**

- Increased system capacity to accurately track placement with kinship vendors
- Improved diligent search for relatives/missing parents
- Expanded use of family support team meetings to promote stable placements
- Increased collaboration with the courts
- Collaborated with the Office of State Courts Administrator to explore barriers and expedite guardianship
- Increased the capacity to conduct home studies and finalize adoptions
- Improved access to legal representation for CD staff
- Increased awareness of Chafee program services to staff and community members
- Strengthened worker/supervisory skills in engaging families in the assessment, case planning and case plan review process

### **Well Being**

- Reviewed and in the process of developing a universal handbook for parents addressing rights, responsibilities, and court procedures, etc.
- Increased the ability to access available dental resources
- Increased awareness of staff and foster parents regarding mental health issues
- Increased ability to assess and access available mental health resources

### **Systemic Factors**

- Maximized parental/family involvement in Family Support Team Meetings (FSTM)
- Improved staff facilitation skills for FSTM
- Increased ability to track six months administrative reviews separately from FSTM
- Provided cross training to judiciary, court staff, GALs and CD staff on ASFA and permanency hearings
- Increased ability of foster parents to be notified of and heard in court
- Developed advanced in-service training module for investigations and assessments
- Enhanced On-The-Job training
- Developed three Child/Abuse and Neglect Training Institutes for CD staff
- Increased services to meet the needs of non-English speaking consumers

## Safety And Permanency Outcomes

Outcomes	PIP Quarter-1 FY 2005-3 Performance	PIP Quarter-2 FY 2005-4 Performance	PIP Quarter 3 FY 2006-1 Performance	PIP Quarter 4 FY 2006-2 Performance
<b>Recurrence of Maltreatment</b> NS=6.1% or less	5.5 %	5.1%	4.9%	5.1%
<b>Incidence of Child Abuse and/or Neglect in Foster Care</b> NS=.57% or less	.59%	.53%	.46%	.40%
<b>Children returning home by length of time till reunification</b> NS=76.2% or more	71.5%	70.2%	68.5%	68.2%
<b>Children exiting CD custody to adoption by length of time till adoption</b> NS=32% or more	39.8%	39.2%	39.7%	40.6%
<b>Reduce the number of placements of children in foster care (children in care less than 12 months)</b> NS=86.7% or more	74.0%	73.9%	74.4%	74.9%
<b>Reduce re-entry into foster care</b> NS=8.6% or less	13.1%	7.9%	9.8%	9.0%

## Targeting the “Big 8” Circuits

The Strategic Planning and Performance Section within the CD believes accomplishing the benchmarks within the PIP will ultimately lead to practice improvement, but accomplishing the many tasks may not automatically result in improved data outcomes. In addition to the activities underway in the PIP, we recognize that in order to pass the six federal outcomes, we should also target improvement strategies in the larger jurisdictions. The Strategic Planning and Performance Section targeted eight circuits with the most children in custody. A series of conference calls have been held and will continue on a quarterly between regional/circuit administration and the Strategic Planning and Performance Unit to discuss circuit performance on outcome measures.

Each circuit has been asked to further analyze the results and develop an action plan in the area of improvement needed.

## **Training and Technical Assistance**

In early 2005, the CD staff met with consultants from the National Child Welfare Center for Organizational Improvement (NRCOI) to assess needs for technical assistance as identified in the PIP. Eight key strategies were identified:

- Safety across the board;
- Improved family assessments;
- Expanded/Enhanced Family Support Team meetings;
- Older youth issues;
- Reinforcing concurrent planning;
- Visitation (worker/parent/siblings);
- Supporting supervisors; and,
- Recruitment and retention of resource families, including relative homes.

These key strategies would complement the activities within the PIP and will help shape practice throughout the child welfare continuum. After considering a systemic approach to the key strategies and the activities and timelines outlined in the PIP, the immediate priorities were identified:

- Assistance in developing a supervisory case review tool to be used by supervisors on an ongoing basis to enhance the qualitative and quantitatively aspects of case record review.
- Safety “across the board” technical assistance to enhance safety and risk throughout our entire child welfare practice.
- Enhancing supervisory skills, assisting supervisors in coaching and mentoring staff and providing support.
- Improved family assessments

In addressing the priorities above, these major training and technical assistance initiatives have been implemented:

- A supervisors’ workgroup, facilitated by NRCOI, addressing the development of a supervisory review tool, clinical supervision, and enhancements and supports for supervisors. This group met four times: June, August, October and November 2005. The workgroup consisted of front line supervisors from each region, a circuit manager, three social work specialists, a QA specialist, a training manager, a co-principal investigator of the Role Demonstration Project from UMC and two CD central office staff.

An extensive Child Welfare Supervision Strategic Plan was developed and presented to the CD’s Executive Team in January 2006. The workgroup present the findings of the current state of child welfare supervision and a plan to better



support supervisors and improve supervision. The plan addresses strategies in 1) supervisor training; 2) supervisor support; 3) casework practice; and 4) management/administrative supervision/communication/community.

- A comprehensive assessment of safety “across the board” by the National Resource Center for Child Protective Services (NRC-CPS). In evaluating the CD’s approach to safety, NRC-CPS conducted a thorough review of policy, practice, procedure, information system, staff development, supervision, program management and quality assurance. An observation made was that Missouri is further along than some states in understanding there are salient differences between the concepts of safety and risk in assessing and intervening with children and families. Some of the more distinctive recommendations include:
  - ▶ A safety assessment model that forces a decision finding of safe or unsafe instead a model with three findings: safe, conditionally safe, or unsafe.
  - ▶ More precise definition of key terms differentiating between safety and risk.
  - ▶ Current approach to safety is heavily incident based; instead consider introducing the concepts of present and impending danger.
  - ▶ Policy needs to specify that safety is addressed at all key decision points during involvement with the family and at any point where significant changes occur instead of factors fixed in time.
  - ▶ Uses both a safety and risk assessment process; asks if safety is sufficiently addressed throughout life of case, is there a need for a risk assessment.
  - ▶ Inconsistencies in policy that provide varying expectations of staff in terms of removal and return.
- A Visitation Workgroup to review current policy and practice on visitation through CD’s continuum of services. In May 2005, the Visitation work group was convened to review current policy and practice on visitation through CD’s continuum of services. After a thorough review, the work group provided recommendations for a comprehensive visitation policy that addresses safety, quality, and purpose of visits, frequency and guidelines. Various visitation forms and checklists were developed. A policy memo will be developed from these recommendations. A TA request was made to NRC- CPS to review the work group’s recommendation and provide input regarding visitation.
- The Visitation Workgroup was also charged with addressing child safety issues at and throughout placement. In addition to reviewing policies and practices regarding visitation, the work group addressed safety assurances throughout the division’s scope of services. A TA request was made to NRC- CPS to review the work group’s recommendation and provide input on safety.



- The CD has been working with the National Resource Center for Family-Centered Practice and Permanency Planning (NRC-FCP&PP) on improving recruitment and retention results. A workgroup has been selected to meet with NRC-FCP&PP for the first on-site meeting during January 2006. The key strategies presented include:

- ▶ Messaging and materials – linkage between philosophy, training and practice;
- ▶ Response – Take a look at the process;
- ▶ Relationship building between the resource and birth families and resource families and the agency;
- ▶ Data driven activities;
- ▶ Population specific recruitment;
- ▶ Culturally sensitive recruitment; and,
- ▶ Planful partnerships with the community.

Subgroups have formed to address many of the strategies indicated above including: Intake and Materials/Messages; Data: Transfer of information to resource families from worker; Role of resource families in working with birth parents; and Recruitment within existing homes.

## **Improved Family Assessments**

During the past 12 months approximately 30 training sessions were provided throughout the state to introduce the new Family-Centered Services Family Assessment Packet (CD-14). This tool is designed to assist staff in conducting more thorough and comprehensive assessments of family's history, structure and functioning; identifying family strengths, supports and service needs and translating those strengths, supports and service needs into meaningful service plans. A memorandum was distributed to staff in December 2005 introducing the new CD-14 and revisions to related policy and procedures investigation/family assessment response; Family Centered Services family assessment and service planning and Family Centered Out-of-Home Care policy.

## **Reinforcing Concurrent Planning**

Concurrent planning is an approach that requires the participation of both the courts and the CD. Effective concurrent planning requires not only an alternative plan be identified but also active efforts be made toward both plans simultaneously with the full knowledge of all case participants.

From the onset of the partnership between the CD and Office of State Courts Administrator – Judicial Education, the goal of multi-disciplinary training has been to enhance the ability to have high-quality statewide consistency, understanding, and implementation of laws, policies, and procedures among court and CD personnel. While the Comprehensive Child Welfare Conference (held February – May 2005) was

successful, the evaluation report provided by the Institute of Public Policy suggested several items to be considered when developing multi-disciplinary programs in the future including addressing the strained relationships through circuit training with teams composed of juvenile officers, CD staff and judges.

In response to the report, Concurrent Planning is one of the three multidisciplinary programming that is proposed for fiscal year 2006, along with Teamwork, Collaboration and Communication Pilot Program and Courtroom Skills.

## Older Youth Issues

The transition into adulthood presents challenges for all young people, but for youth “aging-out”, facing adulthood can be a frightening prospect. The CD feels strongly that programs designed to help young people leaving foster care should have specific elements and characteristics. Such programs should:

- Involve them in planning for and making decisions about their own futures;
- Facilitate connections with individuals and institutions (96%) in their Communities;
- Teach young people about managing and saving money; and,
- Making education a priority.

The CD administration has made the decision to utilize private contractors to provide independent living services to older youth ages 14-21. An Older Youth Workgroup consisting of staff from across the state was formed to look at how CD's programs and services are preparing older youth to transition from foster care. The workgroup's review identified multiple moves, lack of consistent adult advocates, lack of educational planning and poor communication as barriers. The workgroup provided three general recommendations and nine specific recommendations for consideration. The general recommendations are:

- Develop *Older Youth Transition Action Teams* in each county or circuit consisting of community members.
- Utilize a comprehensive *Adolescent Family support Team Guide and Individualized Action Plan* to assist team members through the FST process addressing specific youth issues.
- Incorporate into the Child Welfare Manual a chapter that is easily accessible and designated to working with older youth.

The specific recommendations are as follow:

- Provide caregiver training and supports
- Transition planning
- Develop a wraparound systems approach
- Education as a significant component in the successful preparation and transition into adulthood

- Continue providing Independent living life skills training
- Utilize the Ansell-Casey Life Skills Assessment
- Providing aftercare service planning prior to the youth leaving state custody
- CD policy and the state's Chafee plan must be congruent
- Develop a formalized means of data collection using the SACWIS system.

The CD will also be accessing technical assistance from the National Child Welfare Resource Center for Youth Development on contracting out older youth services.

## **Non Child Abuse and Neglect Referrals**

The CD is in the beginning stages of looking at re-directing calls that do not meet the statutory definition of child abuse and neglect through the Child Abuse and Neglect Hotline. With limited resources, the CD is trying to make every effort to focus attention and resources on its core functions. Missouri's hotline received more than 107,000 calls in Fiscal Year 2005. Of those calls, 53 percent (nearly 57,000 calls) met the criteria set forth in policy, based on Missouri statutes, for child abuse and neglect.

Approximately 31 percent of the calls to the hotline (nearly 34,000 calls) did not meet the criteria for abuse or neglect and were accepted as non-CA/N referrals. These callers have concerns about children that do not rise to the level of child abuse or neglect and often need referral information for assistance like mental health services, suicide prevention information, etc. These calls include calls from those mandated by state law (Chapter 210 RSMo.) to report concerns to the hotline (classified as M referrals); preventive services referrals (P referrals) that can come from any reporter who believes that an incident, such as a suicide, can be prevented if the child can receive services to help him or her; and non-caretaker referrals (N referrals) involving concerns about the treatment of children by people who do not have care, custody or control of the children, which is required by statute in order for child abuse or neglect to be found. These calls, while important, are not statutorily mandated nor part of the hotline's core function.

Investigations and assessments for child abuse and neglect must be the division's top priority and field staff must be available to work with families where child abuse and neglect is occurring. Under the new protocol, the non-CA/N referrals will be screened to see if they meet the criteria for abuse or neglect. If they do not, the callers will be re-directed immediately to local resources. Hotline workers will have a directory of services from around the state and will provide the caller with all information necessary to connect with the local service provider. The new protocol will provide immediate resources to callers and will free up local staff to respond to CA/N reports. This allows resources to be concentrated on actual abuse and neglect reports.

## **The Supervisory Case Review Tool**

One of the key strategies of Missouri's PIP for improving practice and outcomes is training and support for supervisors. Improvement in supervisory capacity to monitor

case planning practice is critical to quality supervision. The division continues to refine the standardized supervisory case review tool (SCRT) that will be used by supervisors to ensure best practice and to assist them in their clinical consultation with their staff. In the past several months, the SCRT has gone through several revisions after field tests. Sampling methodology has been discussed to include recommendations that supervisors will review two hotline cases from each worker each month. For Family Centered Services and Family Centered Out-of-Home case, the tool will be applied to one case from each worker per month. Currently we are working on the automation of the tool. A memorandum will be disseminated to staff explaining the SCRT process when the tool is ready for statewide use. A training plan will be developed to instruct supervisors in the effective use of the tool.

## Community Partnerships

### Office of State Courts Administrator

The Children's Division (CD) continues to maintain a strong working relationship with the Office of State Courts Administrator (OSCA), the administrative support arm of Missouri's state court system. Through the **Juvenile Court Improvement Project** (JCIP), the Juvenile and Adult Courts Division works closely with CD staff to achieve timely and fair proceedings for children and their families and to provide for the safety, well-being and timely placement of children in permanent homes. JCIP staff work with CD staff to address deficiencies identified in the State's CFSR. CD funds and also assists with the development and presentation of multi-disciplinary training programs, which brings together key stakeholders in the child welfare system, including juvenile and family court judges, juvenile court staff, guardians ad litem, CASA volunteers, and foster parents.

The Missouri Juvenile Justice Information System (MOJJIS) Task Team has worked to develop an information sharing system between OSCA, the juvenile and family court divisions of the circuit courts, and the departments of social services, mental health, elementary and secondary education, and health and senior services.

The MOJJIS Task Team has worked to create a secure electronic process that enables multiple state agencies responsible for services to delinquent and abused/neglected youth to share information and coordinate services. The long-term goal of the endeavor is to improve the assessment, intervention, and tracking of juveniles across agency boundaries throughout the state in order to reduce duplicate services and provide more appropriate treatment/services during a child's contact with one of the above named agencies.

### Department of Mental Health (DMH)

With the passage of Senate Bill 1003, in 2004 (the Children's Mental Health Reform Act) the Department of Mental Health (DMH) was directed to partner with other child

serving agencies in developing a plan for a “Comprehensive Children’s Mental Health Services System”. The CD and the DMH collaborate through the implementation of joint projects in an effort to accomplish a number of goals including the following:

### **Custody Diversion Protocol**

Originally piloted during late 2003 in the 12<sup>th</sup> and 21<sup>st</sup> Circuits, the Custody Diversion Protocol has been implemented statewide since January 2005. Its goal is to divert youth from entering CD custody solely for the purpose of accessing needed mental health services.

Through January 2006, a total of 160 youth were referred via the protocol. Of those referred 94% were diverted from entering CD custody and of those, 51% were maintained in the community.

### **Voluntary Placement Agreement (VPA)**

During late 2004, the CD obtained permission from the Department of Health and Human Services’ Administration for Children and Families with the approval of an amendment to the state’s Title IV-E Plan to offer a Voluntary Placement Agreement to families *referred through the Custody Diversion Protocol* and for whom the Department of Mental Health was recommending that their child required temporary placement out of the home. A VPA allows for such a clinically indicated out of home placement while a parent *retains legal custody* of their child.

The VPA became available for implementation in February 2005. As of February 1, 2006, thirty-eight (38) youth statewide were being served through a VPA.

### **Senate Bill 1003**

With the passage of SB 1003 in 2004, DMH and the CD were charged with examining the population of youth currently in CD custody and identifying those youth whose custody was transferred to the CD solely for the purpose of accessing mental health services. Once identified SB 1003 further directed that recommendations be made to the court so that the child’s custody may be returned to the parent.

Working from an initial list of approximately 600 children in CD custody who appeared to meet criteria, Family Support Team (FST) meetings were convened for over 100 children, and recommendations were crafted regarding a return to parental custody. Through July 2005, the court restored parental custody in 38% of the FST recommendations. The court continued children in CD custody in the remaining 62%.

Since the original review process, the CD has identified six youth who have entered CD custody as meeting SB 1003 criteria, five have since returned to the parents’ custody. Based on this small number of youth, it appears the Custody Diversion Protocol is working as planned.

## **Performance Based Contracting (PBC)**

The CD believes child welfare services can best be provided through a public/private partnership. While the roles have changed over time, public and private sectors have always been involved with child welfare. House Bill 1453 signed into law in August 2004 requires the CD to enter into contracts with qualified providers for the provision of comprehensive services for the child welfare population and requires contractors to be evaluated on objective, consistent, and performance-based criteria.

CD first met with the private sector to discuss a performance based contracting in February, 2003. Regional meetings were held with stakeholders in January, 2004. Stakeholders included current contracted providers-case management; Intensive-In-Home Services, Family Reunion Family focused residential; courts; advocacy groups; and Division staff. Sub-committee meetings held in February, March, April, and June 2004 focused on provider/personnel qualifications, outcomes, and enrollment.

A Request for Proposal for Performance Based Case Management Services was released in March 2005. This contract is being piloted in the St. Louis, Kansas City, and Springfield regions. Cases were referred in September, 2005 and 1,950 cases were assigned. One thousand two hundred sixty cases were transferred to private contractors in St. Louis region (St. Louis City, St. Louis County, Jefferson, and St. Charles), 480 cases in KC region (Jackson, Andrew/Buchanan, Clay) and 210 cases in Greene County.

CD contracted with the University of Missouri-Columbia (UMC) to assist in caseload assignment. Caseloads were equalized with regards to average age, race, sex, and length of time in care. UMC will complete the independent evaluation after one year of data has been gathered to include outcomes, barriers, successes, and provide recommendations for improvement. Outcomes related to permanency, safety and stability will be monitored on a quarterly basis.

## **Public/Private Universities**

### **University of Missouri-Columbia**

As indicated above, the CD currently partners with UMC through the PBC contract and the Role Demonstration Project for front line supervisors. The University of Kentucky, one of the Quality Improvement Center established by the Department of Health and Human Services Administration for Children and Families provided funds for a three and a half year demonstration and research project. The objectives of this project are to improve clinical competence of front-line supervisors and their workers and to change organizational culture of child welfare treatment services.

Through this project UMC and CD faculty trained 35 supervisors from the St. Louis and Southeast Region to support the work of front-line workers with families. A progressive



professional development curriculum focusing on the supervisor as a clinical practitioner was developed and revised from staff input. In September 2005, a graduation ceremony was held to recognize these supervisors for their accomplishments.

A Child Protective Services Project Advisory Board was convened through a mutual grant with UMC, Prevent Child Abuse Missouri, and CD. In the fall of 2002 the advisory began to meet to oversee the implementation of the project, including curriculum development, research evaluation, and assignment of teaching staff. The advisory has also been charged with developing plans for the final six months of this project. They will be addressing how to gather and evaluate data for the project and deciding on how and to whom to communicate the findings and designing proposal(s) for continued training and implementation steps.

An advisory board will also exist as part of the independent evaluation of the PBC contracts. This evaluation will include qualitative analysis. The advisory board consisting of the Executive Directors from the seven contracted agencies, the CD Interim Director, Deputy Director, the five Regional Coordinators and the project leader, will meet twice per year. It will function to keep public/private sectors informed of the evaluation process and allow for a forum for UMC to bring problems and concerns identified through the evaluation process.

### Washington University

The CD and Washington University invited researchers across Missouri to join in a discussion of mutual research interests. The planning conference hosted by Washington University, Center for Mental Health Services Research was held on December 1, 2005. It provided an overview of ongoing research involving CD and the ways in which the CD makes use of research to improve child welfare services. The conference provided an opportunity for collaboration among members of the research community and CD staff. Participants worked together to develop a vision for the partnership and commitment for ongoing communication. Specific objectives included:

- Assisted the CD in identifying key stakeholders;
- Research community to communicate what research is being conducted and its relevance to the CD;
- Provided researchers with a better understanding of the CD's knowledge needs and priorities and how researchers can help.;
- Assisted the CD with how researchers choose what research projects to undertake; and,
- Creating a network to increase communication, disseminate research findings, and integrating finding into CD practice.

UMC has agreed to host a similar conference in the future.

## Looking Forward

In the past year, the CD has made much progress in many areas through the PIP and our continuum of child welfare services. We will spend the next year focusing on strategies to achieving those actions and benchmarks that have yet to be addressed, and sustaining the improvements once made. Below are some initiatives that we are undertaking to improve our practice in providing services to children and families.

### Improving Supervisory Training and Support

During the past year, the CD has focused on supervision as a strategy for improving practice and outcomes. In the next year, we will be looking beyond norms and the needed cultural shifts to improve training and support for front line supervisors. The Supervision Workgroup through a very specific strategic plan addressed four approaches: Supervision training; Supervision support; Casework practice; and, Management/Administrative supervision/Communication/Community.

In the upcoming year, the CD will address the changes in values and practices to be successful in improving practice and outcomes. These include:

- Moving towards becoming a learning organization; using data at every level to learn what data tells us about practice.
- Recognizing how staff is treated is reflective of how they treat the families they work with.
- Moving towards proactive supervision.
- Valuing and supporting supervision by opening up communication lines, developing supervisory skills, supporting clinical licensure and educational opportunities.

The three and a half year supervisory Role Demonstration and research project with the UMC has been concluded. The results of this collaborative effort are being incorporated into a state-wide training. A meeting of the CD administrative staff including circuit managers, regional directors, field support managers, and supervisor IIIs will be held on March 24, 2006 to brief them on the background of the new curriculum, provide an orientation to the content and philosophy and discuss implementation plans.

### Training and Technical Assistance

The CD will continue to request training and technical assistance from several of the National Resource Centers (NRC). In 2006, we anticipate accessing the NRC for Youth Development to assist us in privatizing services for older youth and further advancement of our Culture of Care Initiative; NRC-FCP&PP to help further strengthen our efforts with placement stability and the Collaboration to AdoptUSKids on recruitment and retention of resource families.



## **Practice Development Reviews**

The Practice Development Reviews (PDR) uses a performance appraisal process to conclude how children and families are benefiting from services. Through the process, strengths and areas needing improvement are identified to achieve improved system performance and strengthened front-line practice. The PDR provides a combination of quantitative and qualitative data that reveal in detail the current status for children and their caregivers and the impact of the of the service system. Each year there are at minimum ten PDR scheduled throughout the state. PDR trainings are held for any staff and community partners who have not, but are interested in participating in a review. The number of trainings scheduled is based on needs in the region.

## **Practice Enhancement Trainings**

The Policy and Program Unit within Central Office is in the process of developing Practice Enhancement Trainings as the result of identified needs in the field. This PowerPoint training scheduled to begin in mid March will target those circuits with specific needs relating to FCS and SDM policy and procedures, child fatalities, quality of home visits and other practice concerns. The PowerPoint will be available to the circuits to provide subsequent trainings to all new and existing staff.

## **Statewide Automated Child Welfare Information Systems (SACWIS) & Family and Children's Electronic System (FACES)**

The intent for establishing requirements for the development of an automated case management system is to provide child welfare staff with an improved automated tool that will reduce or eliminate paper processes, redundant data entry, manual processes, and many other time consuming administrative processes. The CD is committed to SACWIS development to benefit Missouri's families and staff. FACES is Missouri respond to SACWIS requirements.

## **Investigation and Assessment**

The design for Investigation & Assessment has been completed. The new system has undergone extensive testing, including User Acceptance testing. Training and implementation occurred in one circuit during the months of January and February 2006. Statewide implementation is scheduled to occur during the months of March through May 2006. Statewide systems training and conversion of legacy data will occur March 2006 through May 2006. CA/N legacy system will be retired after statewide conversion.

## **Case Management**

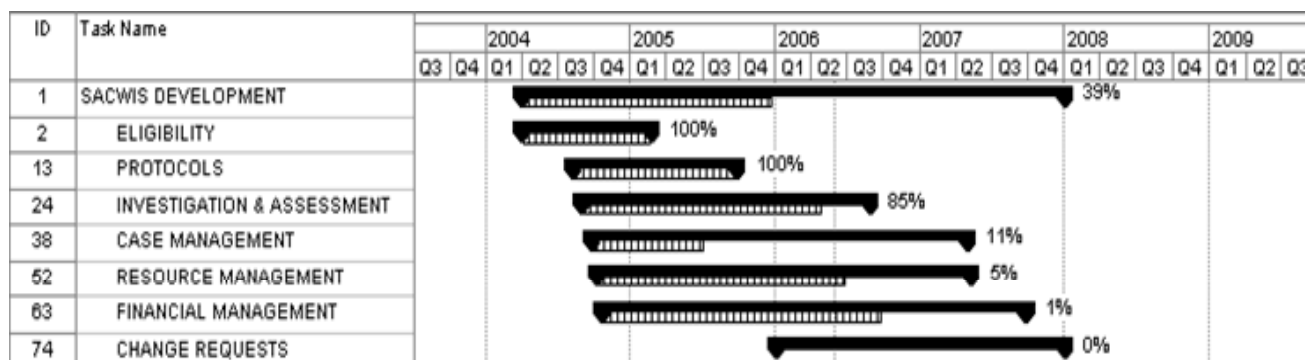
CD staff statewide is assisting in information gathering for the business requirements for case management. Walk-through sessions have been held with the user group to

confirm the accuracy and completeness of the documented business requirements. Drafting of the design has started. Beginning in November 2005, monthly meetings were held and will continue March 2006 to walk through the proposed system functionality to help ensure the designed automation will meet the needs of CD staff with case management responsibility.

There will be continued analysis and design efforts through April 2006. Design walkthroughs will be conducted and user sign-off will be obtained. Programming will occur February 2006 through July 2006. Application testing, regression testing and User Acceptance Testing will occur July 2006 through August 2006 with pilot implementation/conversion in September 2006 and statewide conversion to follow into 2007. Systems training will be conducted immediately prior to conversion of each Circuit.

## Resource Management & Financial Management

Business requirement gathering will begin in July 2006, with analysis and design efforts to follow and continue into 2007.



## Conclusion

As the CD enters in the second year of the PIP, we are busy working on activities to complete all the action steps and pass the data measures. For those measures that we have not yet reached our goals, we are continuing to track and analyze the data. Finally, we have made major advances in several key areas over the last year and anticipate addressing many priorities including but not limited to: addressing placement stability; updating our safety and risk assessment, holding timely Family Support Team /Permanency Planning Review meetings and increasing the number of children placed with relatives.

**Children's Bureau  
Child and Family Services Reviews  
IV. Program Improvement Plan Matrix (PIP Matrix)**

State: Missouri

ACF Regional Office:

State contact and telephone: Lee Temmen, 573-526-3735         Region I         Region IV      X   Region VII         Region X

ACF Contact and telephone: Ann Burds, 816 426-2260         Region II         Region V         Region VIII

Date and quarter submitted: January 28, 2005         Region III         Region VI         Region IX

A = Achieved

N/A = Not Achieved

Program Improvement Implementation								
1			2	3	4	5	6	7
Outcome or Systemic Factors and Item(s) Contributing to Non-Conformity			Goal/Negotiated Measure/Percent of Improvement	Action Steps	Method of Measurement	Benchmarks Toward Achieving Goal	Dates of Achievement	
							Benchmark	Goal
	A	N/A						
<b>Safety Outcome S1: .</b>								
<b>Item 1:</b> Timeliness of initiating investigations of reports of child maltreatment		X	Baseline 76.6% (derived from average of 8 quarters in FY 2003 and 2004)  Goal 80.4% (Goal established is calculated by taking the average of 8 quarters performance in 2003 and 2004 and adding 5% of the average to measure improvement. Progress to be tracked quarterly over two year period from CD Outcomes Report).		Monitored through CD Outcomes Report Outcome #1: Improve timeliness of initial child contact.			Projected- Dec 2006  Actual-
				S1.1.1 Clarify policy regarding timeliness of		S1.1.1.a Refined definition of "initiating" reports.	P-Mar 05 Actual-	

Program Improvement Implementation								
1			2	3	4	5	6	7
Outcome or Systemic Factors and Item(s) Contributing to Non-Conformity			Goal/Negotiated Measure/Percent of Improvement	Action Steps	Method of Measurement	Benchmarks Toward Achieving Goal	Dates of Achievement	
							Benchmark	Goal
	A	N/A						
				initiating reports of child maltreatment.		S1.1.1.b Policy clarified regarding multi disciplinary team contact.	P- Mar 05	
				Kathryn Sapp		S1.1.1.c Policy clarified regarding face-to-face contact and determining safety of the child.	P-Mar 05 A-	
					Policy issuance	S1.1.1.d Policy disseminated to all CD staff.	P-Mar 05 A-	
				S1.1.2 Increase accuracy of data regarding initial contact.		S1.1.2.a Data system entry guidelines clarified for “initial contact”.	P-Aug 05 A-	
				Kathryn Sapp		S1.1.2.b As determined, if needed by policy clarification, additional systems entry codes developed to capture accurate data.	P-Feb 06 A-	
					PRR revised	S1.1.2.c Revised Peer Record review questions to assess accuracy of coding.	P-Sept 05 A-	
					Quarterly PRR results	S1.1.2.d Circuit Managers and the assisting QA specialists monitor quarterly Peer Record results and make recommendations for improvements.	P-Ongoing quarterly A-Ongoing quarterly	
				S1.1.3 Study feasibility for alternative protocols for managing non CA/N referrals	Demographic data	S1.1.3.a CD/FSD assessed demographics for non CA/N referrals.	P-Apr 04 A-Apr 04	
				Virginia Lewis-Brunk	Protocol written	S1.1.3.b Protocol written for screening and assigning non CA/N referrals for test sites in Jackson, Clay and Platte Counties.	P-May 04 A-May 04	
					Training agenda	S1.1.3.c Training provided to CD/FSD workers and supervisors regarding new protocol for testing.	P-May 04 A-May 04	
						S1.1.3.d Launched a non CA/N referral alternate response process in Jackson, Clay and Platte Counties.	P-Jul 04 A-Jul 04	
					Pilot data	S1.1.3.e Convened workgroup to evaluate CD/FSD pilot for non CA/N referrals.	P-Jan 05 A-	
					Recommendations report	S1.1.3.f Workgroup to provide recommendations for modifications of non CA/N referral protocol and test sites continuations.	P-Apr 05 A-	

Program Improvement Implementation								
1			2	3	4	5	6	7
Outcome or Systemic Factors and Item(s) Contributing to Non-Conformity			Goal/Negotiated Measure/Percent of Improvement	Action Steps	Method of Measurement	Benchmarks Toward Achieving Goal	Dates of Achievement	
							Benchmark	Goal
	A	N/A						
					Recommendation Plan	S1.1.3.g Recommendation plans finalized.	P-Jun 05 A-	
					Implementation plan	S1.1.3.h Implementation plans finalized to implement in target areas.	P-Aug 05 A-	
				S1.1.4 Develop improvement plan to respond timely to reports of maltreatment  Kathryn Sapp	Circuit self-assessments	S1.1.4.a Circuit level assessment to evaluate CA/N response completed.	P-Oct 04 A-Oct 04	
					Established protocol	S1.1.4.b Local protocol for CA/N response established.	P-Mar 05 A-	
					Implemented protocol	S1.1.4.c Implemented local protocol for improvement of maltreatment.	P-Apr 05 A-	
						S1.1.4.d Monitored the improved timeliness of initial child contact.	P-July 05 A-	
				S1.1.5 Call Management and Structured Decision Making (SDM) Protocols Implemented at the Child Abuse and Neglect Hotline Unit (CA/N HU) to provide consistent screening and classification of calls received.  Charlotte Gooch	Protocols developed	S1.1.5.a Began development of SDM and Call Management protocols for CA/N HU.	P-Dec 03 A- Dec 03	
						S1.1.5.b Incorporated SDM and Call management protocols into CA/N HU process.	P-Apr 04 A-Apr 04	
					Training agenda	S1.1.5.c Remaining CA/N HU staff trained on protocols and using call management system.	P-Aug 04 A-Aug 04	
					CA/N HU Supervisory Review Tool developed	S1.1.5.d CA/N HU Supervisory Review tool developed to assess quality.	P-Sept 05 A-	
						S1.1.5.e CA/N Hotline protocols automated.	P-Sept 05 A-	
					PRR revision	S1.1.5.f Added CA/N HU section to the Peer Record Review tool.	P-Sept 05 A-	
					PRR tool analysis. On going data collected and reviewed quarterly.	S1.1.5.g Collected and analyzed PRR tool results for practice enhancements. Analysis.	P-Jan 2006 Ongoing Quarterly A-	

Program Improvement Implementation								
1			2	3	4	5	6	7
Outcome or Systemic Factors and Item(s) Contributing to Non-Conformity			Goal/Negotiated Measure/Percent of Improvement	Action Steps	Method of Measurement	Benchmarks Toward Achieving Goal	Dates of Achievement	
							Benchmark	Goal
	A	N/A						
<b>Item 2: Repeat maltreatment</b>  <b>Recurrence of Maltreatment:</b>  Of all children who were victims of a substantiated or indicated maltreatment report in the first six months of the fiscal year, what percent were victims of another substantiated or indicated report within a 6 month period		X	CA/N Recidivism Nat'l Standard 6.1 % or less MO FFY 2003 NCANDS  Baseline 8.3%  NCANDS Goal 7.4% (Based on Federal formula for goal setting)					P-Dec 2006  A-
				S1.2.1 Ensure consistent and accurate completion of SDM safety and risk assessment.  Kathryn Sapp	PRR revision	S1.2.1.a Incorporated SDM safety and risk assessment questions into Peer Record Review Tool.	P-Jan 04	
					Training curriculum	S1.2.1.b Modified BASIC training curriculum and ongoing training curriculum based on PRR results.	A-Jan 04	
					Training agenda	S1.2.1.c Conducted initial in-service training with CD and court staff.	P-Feb 04	
					Evaluation Report	S1.2.1.d Evaluated SDM Peer Record Review Outcomes.	A-Feb 04	
					In-service training agenda	S1.2.1.e Convene workgroup to finalize SDM review tool and instruction to field.	P-Jun 04	
						S1.2.1.f Instruct field staff to review 10% of cases using SDM review tool.	A-Jun 04	
						S1.2.1.g Evaluate results of review, identify circuits whose needs are more imminent for the training.	P & A-On-going & quarterly	
							P-Feb 05	
							A-	
							P-Apr 05	
							A-	
							P-Jul 05	
							A-	

Program Improvement Implementation								
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Outcome or Systemic Factors and Item(s) Contributing to Non-Conformity			Goal/Negotiated Measure/Percent of Improvement	Action Steps	Method of Measurement	Benchmarks Toward Achieving Goal	Dates of Achievement	
							Benchmark	Goal
	A	N/A						
						S1.2.1.h As needed, provided training to circuits identified with imminent need.	P-Sep 05 ongoing A-	
<b>Incidence of Child Abuse and/or Neglect in Foster Care:</b>  Of all children who were in foster care during the reporting period of the fiscal year, what percent experienced maltreatment from foster parents or facility staff members?			CA/N in AC Nat'l Standard 0.57% or less  MO FFY 2003 NCANDS Baseline 0.37%  <b>Goal Achieved</b>					P-Dec 2006  A-
				S1.2.2 Implementation of "Confirming Safe Environments" (CSE) process.  Cindy Wilkinson	Training agenda	S1.2.2.a All staff trained in CSE process in test sites of Pettis, Cooper, and Greene.	P-Jul 04  A-Jul 04	
					Training agenda	S1.2.2.b Trained one Out-of-Home Unit on CSE in St. Louis City.	P-Jul 04 A-Jul 04	
						S1.2.2.c In-house expertise developed for training	P-Dec 04 A-Dec 04	
					Evaluation report	S1.2.2.d Central Office staff summarized test site implementation in Pettis, Cooper and Greene for Child Protection	P-Mar 05  A-	
					Modified curriculum	S1.2.2.e Strengths in summary and CSE curriculum identified by statewide committee.	P-Aug 05  A-	
					Submission of expansion and training plan	S1.2.2.f Strengths in summary and CSE curriculum incorporated into policy and practice through policy memo and localized training.	P-Jan 06  A-	

Program Improvement Implementation								
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Outcome or Systemic Factors and Item(s) Contributing to Non-Conformity			Goal/Negotiated Measure/Percent of Improvement	Action Steps	Method of Measurement	Benchmarks Toward Achieving Goal	Dates of Achievement	
							Benchmark	Goal
	A	N/A						
				S1.2.3 Strengthen policy regarding assessment of safety at and throughout placement.  Cindy Wilkinson	Policy developed	S1.2.3.a Developed policy regarding assessment of safety at and throughout placement.	P-May 05 A-	
					Policy disseminated	S1.2.3.b Disseminate policy and monitor through on going circuit self-assessments, PRR and supervisory oversight.	P-June 05 A-	
				S1.2.4 Practice Enhancement Teams (PET) assist Circuit Managers in development of improvement strategies to reduce repeat maltreatment and CA/N in foster care.  Bonnie Washeck		S1.2.4.a Developed PET roles and responsibilities.	P-Feb 05 A-	
					Organizational Chart	S1.2.4.b PET teams developed.	P-Mar 05 A-	
					Current data on repeat maltreatment	S1.2.4.c Convened PET teams to review Circuit Self-Assessments in the areas of repeat maltreatment and CA/N in foster care.	P-Apr 05 A-	
					List of strategies	S1.2.4.d PET teams and Circuit Managers developed improvement strategies.	P-May 05 A-	
					Program improvement plans developed	S1.2.4.e Program improvement plans implemented by Circuit Managers and staff.	P-Aug 05 A-	
				S1.2.5. Strengthen policy and practice relating to chronic neglect and accumulation of harm.  Kathryn Sapp	Analysis report	S1.2.5.a Statewide analysis of families with multiple reports completed by CD and Institute of Applied Research (IAR).	P-June 04 A-June 04	
					Waiver application	S1.2.5.b Submit revised Title IV-E waiver application for Chronic Neglect pilot.	P-Jan 05 A-	
					Training curriculum	S1.2.5.c Training Curriculum for pilot sites developed regardless of waiver outcome.	P-July 05 A-	
						S1.2.5.d System enhancements for tracking/monitoring developed.	P-Jul 05 A-	
						S1.2.5.e Three pilot sites selected (Jasper, Jefferson and Randolph counties) based on negotiations with Federal partners.	P-July 05 A-	



Program Improvement Implementation								
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							Benchmark	Goal
	A	N/A						
					Training agenda	S1.2.5.f Pilot sites trained by FCS consultants.	P-Jul 05 A-	
						S1.2.5.g Initiated pilots.	P-Aug 05 A-	
					Evaluation report	S1.2.5.h University of Missouri evaluated effectiveness of pilot sites based on waiver approval.	P-Feb 06 A-	
					Outcome data	S1.2.5.i Based on results determined statewide applicability.	P-Mar 06 A-	
					Expansion plan developed	S1.2.5.j Developed state expansion plan.	P-Apr 06 A-	
						S1.2.5.k Expansion sites initiated.	P-Sept 06 A-	
				S1.2.6 Develop performance-based contract for foster parents  Bonnie Washeck	Licensing rules	S1.2.6.a Incorporated HB 1453 legislation regarding the Professional Family Development Plan (PFDP) into Licensing rules.	P-May 05 A-	
						S1.2.6.b Identified the performance based criteria required for the PFDP.	P-Aug 05 ongoing A-	
						S1.2.6.c Informed foster parents of PFDP criteria at assessment and reassessment	P-Aug 05 ongoing A-	
					Memo	S1.2.6.d Identify plan to inform CD staff of new requirements for foster parents.	P-Nov 05 A-	
					Training agenda	S1.2.6.e Trained CD staff on PFDP and how to assist family in developing and implementing the plan.	P-Feb 06 A-	
						S1.2.6.f Identified resources for foster families to use to successfully implement PFDP.	P-Mar 06 A-	
						S1.2.6.g Initiated PFDP for all new and reassessed foster parents.	P-May 06 A-	
Safety Outcome S2:								

Program Improvement Implementation								
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Outcome or Systemic Factors and Item(s) Contributing to Non-Conformity			Goal/Negotiated Measure/Percent of Improvement	Action Steps	Method of Measurement	Benchmarks Toward Achieving Goal	Dates of Achievement	
							Benchmark	Goal
	A	N/A						
<b>Item 3:</b> Services to family to protect child(ren) in home and prevent removal		X	Baseline 80.4%  Goal 84.4% (Goal established is calculated by taking the average of 8 quarters performance in 2003 and 2004 and adding 5% of the average to measure improvement.)		Peer Record Review (PRR) IV-15 Rating of the overall quality of the service plan and service delivery			P-Dec 2006  A-
				S2.3.1 Improve family assessment and case plan tools to better link service provision to the needs of the family identified in the initial and ongoing assessments; include a mechanism for family self-assessment and identified areas <b>specifically</b> related to child safety and risk concerns (to be completed concurrently with S2.3.2)  Kathryn Sapp	Draft of CD-14	S2.3.1.a CD-14 family assessment tool field test initiated in Circuit 2.	P-Sep 04 A-Sep 04	
						S2.3.1.b CD-14 family assessment tool field test expanded to other sites.	P-May 05 A-	
					Evaluation report	S2.3.1.c Results of field test evaluated and analyzed by staff and work group.	P-Jun 05 A-	
					Revised CD-14	S2.3.1.d Revised CD-14 as needed.	P-Jul 05 A-	
						S2.3.1.e Recommendations regarding changes made.	P & A On-going	
					Policy issuance	S2.3.1.f Policy issued with new documents and instructions.	P-Oct 05 A-	
					Training	S2.3.1.g Training of existing staff completed.	P-Jan 06 A-	
						S2.3.1.h Incorporated changes into BASIC training.	P-Jan 06 A-	
				S2.3.2 Strengthen worker/supervisor skills in engaging families in the assessment, case planning and case plan review process to increase parent, caregiver (alternative		S2.3.2.a Conducted focus groups (workers, supervisors, circuit managers and consumers) in four circuits (circuits 1, 2, 10, 41) to identify clinical support needs.	P-Aug 04  A-Aug 04	
					Supplemental Supervisory Training	S2.3.2.b Focus group results compiled and used for supplemental supervisory training.	P-Oct 04  A-Oct 04	

Program Improvement Implementation								
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							Benchmark	Goal
	A	N/A						
				care provider) and child involvement in case assessment, plan development and reassessment.	Training curriculum developed and began	S2.3.2.c Training curriculum developed and supplemental FST training began.	P-Feb 05 A-	
				Bonnie Washeck		S2.3.2.d Twenty sessions of Supplemental Supervisory training for all Supervisor I's began.	P-Feb 05 A-	
					Training agenda and summary of feedback	S2.3.2.e Training provided for existing staff and feedback solicited from trainees on training.	P-Oct 05 A-	
					Survey results and circuit improvement plans	S2.3.2.f PET teams annually analyzed family satisfaction survey data and PDR results for improvement with the expectation that circuits develop methods to improve.	P-Nov 05 annually A-	
				S2.3.3 Improve supervisory capacity to monitor enhanced practice relating to case planning.		S2.3.3.a Reviewed existing supervisory case review tools.	P-May 05 A-	
					Draft of tool	S2.3.3.b Created draft standardized supervisory case review tool.	P-June 05 A-	
						S2.3.3.c Supervisory case review tool field tested by selected supervisors.	P-Sept 05 A-	
				Bonnie Washeck	Feedback summary	S2.3.3.d Feedback from field testing reviewed by review team.	P-Jan 06 A-	
					Tool revision	S2.3.3.e Supervisory case review tool revised as needed.	P-Jan 06 A-	
					Protocol established and manual revision	S2.3.3.f Protocol for supervisory case review established and manual revisions made.	P-Jan 06 A-	
						S2.3.3.g System automation completed for supervisory case review tool.	P-Feb 06 A-	
					Policy disseminated and implemented	S2.3.3.h Supervisory case review tool and protocols approved and distributed for statewide use.	P-Feb 06 A-	
				S2.3.4 Establish procedures to access various service funding streams.		S2.3.4.a Developed service access funding grid and guidelines.	P-Aug 05 A-	
				Bonnie Washeck	Guidelines distributed	S2.3.4.b Distributed service access funding grid and guidelines to all staff.	P-Sept 05 A-	

Program Improvement Implementation								
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							Benchmark	Goal
	A	N/A						
				S2.3.5. Per new legislation, develop state comprehensive children's mental health plan to increase level of cooperation between court, mental health, child welfare and families.  Jim Harrison		S2.3.5.a Barriers identified for children needing mental health services.	P-Jan 05 A-	
						S2.3.5.b Funding mechanisms established for providing mental health services.	P-Jan 05 A-	
					Coordination plan	S2.3.5.c Plan developed for coordination of resources from multiple agencies.	P-Jan 05 A-	
						S2.3.5.d Evaluation methodology established.	P-Jan 05 A-	
					Report submission	S2.3.5.e Report with recommendations submitted to legislators and governor.	P-Jan 05 A-	
Item 4: Risk of harm to child(ren)		X	Baseline 89.4% Goal 90.3% (Goal established is calculated by taking the average of 8 quarters performance in 2003 and 2004 and adding 1% of the average to measure improvement.)		PRR IV-13 Services being provided to the family are adequate to meet their needs as identified in the assessment.			P-Dec 2006  A-
				S2.4.1 Ensure consistent and accurate completion of SDM safety and risk assessment.  Cindy Wilkinson	SDM Review Tool	S2.4.1.a See S1.2.1.a		
						S2.4.1.b See S1.2.1.b		
						S2.4.1.c See S1.2.1.c		
						S2.4.1.d See S1.2.1.d		
						S2.4.1.e See S1.2.1.e		
						S2.4.1.f See S1.2.1.f		
						S2.4.1.g See S1.2.1.g		
				S2.4.2 Implementation of "Confirming Safe Environments" process.  Cindy Wilkinson		S2.4.2.a See to S1.2.2.a		
						S2.4.2.b See to S1.2.2.b		
						S2.4.2.c See to S1.2.2.c		
						S2.4.2.d See to S1.2.2.d		
						S2.4.2.e See to S1.2.2.e		
						S2.4.2.f See to S1.2.2.f		
						S2.4.2.g See to S1.2.2.g		

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	A	N/A						
				S2.4.3 Implement enhanced background screening for foster/kinship and court ordered providers.  Cindy Wilkinson	Policy disseminated	S2.4.3.a Policy for enhanced background screening implemented statewide.	P-Aug 04 A-Aug 04	
						S2.4.3.b Policy updates and supervisory consultations with existing staff.	P-Aug 04 ongoing A-Aug 04 ongoing	
						S2.4.3.c Incorporated enhanced background screening into on-going STARS and BASIC training.	P-Nov 04 A-Nov 04	
				S2.4.4 Development of "Culture of Care Initiative" for improving safety and nurturance of children in a residential care setting.  Fred Proebsting	Committee member list	S2.4.4.a Work committees formed with volunteers from residential sites to develop curriculum.	P-Jan 04 A-Jan 04	
					Curriculum	S2.4.4.b Curriculum Drafted.	P-Mar 04 A-Mar 04	
						S2.4.4.c Curriculum approved by CD administration.	P-May 04 A-May 04	
						S2.4.4.d Roundtables held with CEO's to discuss curriculum.	P-Jul 04 A-Jul 04	
					Training agenda	S2.4.4.e NRC Train-the-Trainers session held/2 days in KC and St. Louis for residential licensed providers.	P-Aug 04 A-Aug 04	
						S2.4.4.f Measured through a reduction of the number of preponderance of evidence reports received by the residential treatment facilities.	P-Ongoing A-Ongoing	
				S2.4.5 Improve family assessment and case plan tools to better link service provision to the needs of the family identified in the initial and ongoing		S2.4.5.a See S2.3.1.a		
						S2.4.5.b See S2.3.1.b		
						S2.4.5.c See S2.3.1.c		
						S2.4.5.d See S2.3.1.d		
						S2.4.5.e See S2.3.1.e		
						S2.4.5.f See S2.3.1.f		
						S2.4.5.g See S2.3.1.g		

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	A	N/A						
				assessments; include a mechanism for family self-assessment and identified areas <b>specifically</b> related to child safety and risk concerns.		S2.4.5.h See S2.3.1.h		
<b>Permanency Outcome 1</b>		X						
<b>Item 5</b>	X		Passed CFSR On-site review and 2002 AFCARS					
<b>Item 6:</b> Stability of foster care placement		X	Stability in foster care Nat'l Standard 86.7% or more  MO FFY 2003 78.6% AFCARS Goal 80.5% (Based on Federal formula for goal setting)					P-Dec 2006  A-
				P1.6.1 Increase system capacity to accurately track placement kinship vendor types.  Lesley Pettit		P1.6.1.a Logic created to track additional placement types 1) Kin, Related, Not licensed 2) Kin, Non-related, Not licensed 3) Kin, Non-related, Licensed.	P-Mar 05  A-	
						P1.6.1.b Coding changes in Legacy completed.	P-May 05 A-	
					Policy disseminated	P1.6.1.c Policy updated and distributed to CD staff.	P-Aug 05 A-	
					Data converted	P1.6.1.d Staff will convert existing data to reflect accurate placement types.	P-Dec 05 A-	
					Quarterly Outcome Report	P1.6.1.e Coding changes to be reflected in Quarterly Outcome Report.	P-Apr 06 A-	

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	A	N/A						
				P1.6.2 Improve diligent search for relatives/missing parents.  Bonnie Washeck		P1.6.2.a Potential explored for CD staff to access existing diligent search mechanisms.	P-Jul 04 A-Jul 04	
					Procedure disseminated	P1.6.2.b Diligent search procedure developed, distributed, and monitored through supervisory oversight.	P-Aug 04 A-Aug 04	
						P1.6.2.c Established agreements, as necessary, with other state agencies (possibly through Family Support Division and OSCA) to enhance access to state databases as mechanisms for diligent search.	P-Mar 05 A-	
					Quarterly outcome reports	P1.6.2.d CD staff utilize enhanced diligent search mechanism and monitored through supervisory oversight.	P-Apr 05 A-	
				P1.6.3 Expand use of family support team meetings to promote stability in alternative care placements  Kathryn Sapp Cindy Wilkinson	Plan disseminated	P1.6.3.a Plan written and disseminated for HB 1453 requirement of a FST prior to or immediately after an impending move.	P-Aug 04 A-Aug 04	
						P1.6.3.b Made ACTS system changes to track FSTs held prior to or immediately after a move.	P-Aug 04 A-Aug 04	
						P1.6.3.c Central Office staff provided training to regional staff on HB 1453 requirements	P-Aug 04 A-Aug 04	
						P1.6.3.d Regional staff provided localized training to existing staff on HB 1453 requirement	P-Sep 04 A-Sep 04	
						P1.6.3.e Policy incorporated into BASIC training.	P-Dec 04 A-Dec 04	
					PRR	P1.6.3.f Updated PRR to assure pre-placement FSTs.	P-Feb 05 A-	
				P1.6.4 Identify resource family types and shortages	Circuit data	P1.6.4.a Resource and recruitment contractors worked with circuits to determine resource family needs.	P-Mar 05 A-	

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	A	N/A						
				Cindy Wilkinson	Circuit management plan	P1.6.4.b Recruitment plan targeting resource families written into a circuit management plan to address identified need.	P-May 05 A-	
				P1.6.5 Increase number of resource families  Cindy Wilkinson	Recruitment and retention plan developed	P1.6.5.a Recruitment and retention plan for foster home serving older youth implemented through Chafee program.	P-Jun 04 A-Jun 04	
					Adopt US Kids campaign	P1.6.5.b Implemented Adopt US Kids campaign.	P-Jul 04 A-Jul 04	
					Request for Proposal	P1.6.5.c RFP written for performance based resource development contracts included the need for recruitment of resource homes to match our special needs population.	P-Dec 04  A-Dec 04	
					Award letters	P1.6.5.d Awarded recruitment and resource development contracts.	P-Mar 05 A-	
					Circuit data	P1.6.5.e Resource and recruitment contractors worked with circuits to determine resource family needs.	P-Apr 05  A-	
				P1.6.6 Increase placement stability by improving matching capabilities for children in out-of-home settings. Cindy Wilkinson		P1.6.6.a Consulted with the National Resource Center for Family Centered Practice and Permanency Planning regarding "critical" factors in placement stability.	P-Mar 06  A-	
					Survey results	P1.6.6.b Surveyed resource families to gather information regarding placement stability.	P-May 06  A-	
						P1.6.6.c Developed a placement matching tool designed for use in team decision making.	P-Oct 06  A-	
					Matching tool developed disseminated	P1.6.6.d Tool disseminated with instructions.	P-Nov 06  A-	
						P1.6.6.e Tool incorporated into BASIC training and supervisory oversight provided to existing staff.	P-Dec 06  A-	



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							Benchmark	Goal
	A	N/A						
				P1.6.7 Evaluate support and training provided for relative/kinship resource families  Cindy Wilkinson Jeff Adams	Survey	P1.6.7.a Surveyed current relative caregivers on the adequacy of the Caregiver who Knows the Child training curriculum.	P-Dec 05 A-	
					Analysis report	P1.6.7.b Data Collected and analyzed.	P-Feb 06 A-	
					Curriculum revision	P1.6.7.c Based on curriculum modifications, training to began to be delivered to newly licensed relative/kinship providers.	P-Sep 06 A-	
<b>Item 7:</b> Permanency goal for child		X	Baseline 85.9%  Goal 90.2% (Goal established is calculated by taking the average of 8 quarters performance in 2003 and 2004 and adding 5% of the average to measure improvement.)		PRR V-12 The permanency plan was developed and it includes options for concurrent planning.			P-Dec 2006  A-
				P1.7.1 Ensure the frequency and timeliness of Family Support Team Meetings occurs per policy  Kathryn Sapp Cindy Wilkinson	Circuit Self Assessment	P1.7.1.a Circuit Managers analyzed FST frequency data through circuit self assessment.	P-Aug 04 A-Aug 04	
					Corrective action plans	P1.7.1.b Initiated corrective action when data falls below goal set in strategic plan.	P-Feb 05 A-	
					Quarterly data reports	P1.7.1.c Circuit Managers assisted by PET monitored frequency data	P & A- Ongoing quarterly	
				P1.7.2 Improve quality of Family Support Teams (FSTs) to ensure permanency goal is reviewed and established  Kathryn Sapp		P1.7.2.a Made ACTS systems changes to track permanency reviews separately from FSTs.	P-Aug 04 A-Aug 04	
					Policy developed	P1.7.2.b Policy written on ACTS systems changes and elements necessary for permanency reviews.	P-Sep 04 A-Sep 04	
					Policy disseminated	P1.7.2.c Policy disseminated to all staff.	P-Sep 04 A-Sep 04	

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							Benchmark	Goal
	A	N/A						
				Cindy Wilkinson	Training agenda	P1.7.2.d Incorporated ACTS system changes and policy into BASIC and computer systems training.	P-Jan 05 A-	
					List of facilitators	P1.7.2.e Identified individuals who will serve as expert facilitators for more difficult FSTs.	P-Mar 05 A-	
					Protocol developed	P1.7.2.f Protocol developed for accessing expert facilitators.	P-Apr 05 A-	
					Training agenda	P1.7.2.g Trained expert facilitators.	P-Apr 05 A-	
					Memo disseminated	P1.7.2.h Memo describing expert facilitator access protocol and expert facilitator duties distributed to all staff.	P-Apr 05 A-	
				P1.7. 3 Strengthen policy and practice relating to concurrent planning.  Cindy Wilkinson		P1.7.3.a Circuit Managers monitored outcomes through PRR tool.	P-Mar 05 A-	
					Improvement plans	P1.7.3.b Circuit Managers assisted by the PET to develop improvement plans.	P-May 05 A-	
					Training curriculum and revised child welfare manual	P1.7.3.c Integrated concurrent planning into Advanced FCOOHC In-Service Module training and child welfare manual.	P-May 06 A-	
				P1.7.4 Increase collaboration with courts by providing cross training to judiciary, court staff, GALs and Children's Division staff on ASFA & Permanency hearings consistent with state and federal regulations.  Cindy Wilkinson	Training curriculum	P1.7.4.a CD partnered with OSCA to develop training curriculum.	P-Jan 04 A-Jan 04	
						P1.7.4.b Developed draft plan to address logistics of proposed training.	P-Jan 04 A-Jan 04	
						P1.7.4.c Submitted draft to management of CD/OSCA.	P-Feb 04 A-Feb 04	
					Contract developed	P1.7.4.d Developed a contract to provide cross training to judiciary, court staff, GAL's and CD staff.	P-Mar 04 A-Mar 04	
						P1.7.4.e Management approved draft.	P-Apr 04 A-Apr 04	
					Training agenda and curriculum	P1.7.4.f Training implemented by CD/OSCA to include concurrent planning training.	P-Jun 04 A- June 04 ongoing twice per year	

Program Improvement Implementation								
1			2	3	4	5	6	7
Outcome or Systemic Factors and Item(s) Contributing to Non-Conformity			Goal/Negotiated Measure/Percent of Improvement	Action Steps	Method of Measurement	Benchmarks Toward Achieving Goal	Dates of Achievement	
							Benchmark	Goal
	A	N/A						
<b>Item 8:</b> Reunification, guardianship, or permanent placement with relatives.		X	Reunification Nat'l Standard 76.2% or more  MO FFY 2003 AFCARS Baseline 59.8%  AFCARS Goal 62.2% (Based on Federal formula for goal setting).					P-Dec 2006  A-
				P1.8.1 Address permanency and services needs of children in Legal Status 2, 3, and 4  Bonnie Washeck	Data reports	P1.8.1.a Prepared data on legal status 2, 3, and 4 children.	P-Dec 04 A-Dec 04	
					Workgroup member list	P1.8.1.b Developed workgroup to examine legal status 2, 3, and 4 children (include in workgroup OSCA, CD, and metro sites).	P-Feb 05  A-	
					Case review results report	P1.8.1.c Conducted special case reviews on legal status 2, 3, and 4 cases.	P-Apr 05  A-	
					Summary of meeting decisions	P1.8.1.d CD met with DLS and OSCA to determine legal obligations related to legal status 2, 3, and 4 children.	P-Apr 05  A-	
						P1.8.1.e Revise AFCARS population if necessary.	P-Apr 05 A-	
					Protocol developed	P1.8.1.f Developed policy and protocol on worker duties related to legal status 2, 3, and 4 cases.	P-July 05  A-	
					Comparison data	P1.8.1.g Caseload analysis (comparison to LS1) completed Legal status 2, 3, and 4.	P-Sept 05  A-	
					PRR	P1.8.1.h Incorporated Legal status 2, 3, and 4 cases into established Peer Record Review process.	P-Oct 05  A-	
				P1.8.2 Establish		P1.8.2.a See S2.3.4.a.		

Program Improvement Implementation								
1			2	3	4	5	6	7
Outcome or Systemic Factors and Item(s) Contributing to Non-Conformity			Goal/Negotiated Measure/Percent of Improvement	Action Steps	Method of Measurement	Benchmarks Toward Achieving Goal	Dates of Achievement	
							Benchmark	Goal
	A	N/A						
				procedures to access various service funding streams.  Bonnie Washeck		P1.8.2.b See S2.3.4.b.		
				P1.8.3 Ensure frequency and timeliness of Family Support Team Meetings occurs per policy.  Kathryn Sapp Cindy Wilkinson		P1.8.3.a See P1.7.1.a P1.8.3.b See P1.7.1.b P1.8.3.c See P1.7.1.c		
				P1.8.4 Improve quality of Family Support Teams to assure the review of permanency goal.  Kathryn Sapp Cindy Wilkinson		P1.8.4.a See P1.7.2.a P1.8.4.b See P1.7.2.b P1.8.4.c See P1.7.2.c P1.8.4.d See P1.7.2.d P1.8.4.e See P1.7.2.e P1.8.4.f See P1.7.2.f P1.8.4.g See P1.7.2.g P1.8.4.h See P1.7.2.h		
				P1.8.5 Increase collaboration with courts by providing cross training to new judiciary, court staff, Children's Division staff and GAL's on ASFA & Permanency hearings consistent with state and federal regulations Cindy Wilkinson		P1.8.5.a See P1.7.4.a P1.8.5.b See P1.7.4.b P1.8.5.c See P1.7.4.c P1.8.5.d See P1.7.4.d P1.8.5.e See P1.7.4.e P1.8.5.f See P1.7.4.f		
				P1.8.6 Increase collaboration with courts by providing cross training to judiciary, court staff,	Contract developed	P1.8.6.a Contract developed to provide training.	P-Apr 04 A-Apr 04	
					Meeting minutes	P1.8.6.b Meeting held to discuss roles and responsibilities of CD and Juvenile Officers.	P-Dec 04 A-Dec 04	

Program Improvement Implementation								
1			2	3	4	5	6	7
Outcome or Systemic Factors and Item(s) Contributing to Non-Conformity			Goal/Negotiated Measure/Percent of Improvement	Action Steps	Method of Measurement	Benchmarks Toward Achieving Goal	Dates of Achievement	
							Benchmark	Goal
	A	N/A						
				GAL's and Children's Division staff regarding roles and responsibilities.  Cindy Wilkinson	Training agenda	P1.8.6.c Training provided to judiciary, court staff, GAL's and CD staff	P-May 05  A-	
				P1.8.7 Collaborate with OSCA to explore barriers that would allow Juvenile Courts to enter temporary custody orders and transfer jurisdiction to Probate & Circuit Courts to expedite guardianship.  Jim Harrison	Meeting Minutes	P1.8.7.a Meeting held (with OSCA, CD, and DLS) to look at existing data and practices to identify problem areas and barrier to expeditious guardianship, including legislative and policy change.	P-Mar 05  A-	
					Proposal drafted	P1.8.7.b Proposal drafted for legislative change.	P-Mar 05 A-	
						P1.8.7.c Written proposal reviewed by OSCA, CD and DLS.	P-Mar 05 A-	
						P1.8.7.d Proposal finalized and presented to Department for legislative change.	P-Mar 05  A-	
				P1.8.8 Determined policy remedy to be used in addition or in lieu of any legislative change referred in P1.8.7.  Jim Harrison Lesley Pettit		P1.8.8a Each circuit determined strategies with their court to expedite guardianship for children placed with relatives in CD custody.	P-Oct 05  A-	
						P1.8.8.b See P1.6.1a		
						P1.8.8.c See P1.6.1b		
						P1.8.8.d See P1.6.1c		
						P1.8.8.e See P1.6.1d		
						P1.8.8.f See P1.6.1e		
Item 9: Adoption	X		Adoption Nat'l Standard 32% or more  MO FFY 2003 AFCARS Baseline 38.5%  Goal achieved					P- Dec 2006  A-
				P1.9.1 Termination of Parental Rights will be	Data report	P1.9.1.a.Examine TPR data from current information system.	P-Feb 05 A-	

Program Improvement Implementation								
1			2	3	4	5	6	7
Outcome or Systemic Factors and Item(s) Contributing to Non-Conformity			Goal/Negotiated Measure/Percent of Improvement	Action Steps	Method of Measurement	Benchmarks Toward Achieving Goal	Dates of Achievement	
							Benchmark	Goal
	A	N/A						
				filed in a timely manner, except when compelling reasons are documented.  Cindy Wilkinson Kathryn Sapp	Circuit reports on outcomes of meetings with courts.	P1.9.1.b Initiated local circuit meetings with Judicial Courts to address local procedures for filing of TPR petitions.	P-Jun 05 A-	
					Policy developed	P1.9.1.c Developed policy for supervisor and staff responsibilities in documenting compelling reasons for not filing TPR.	P-Jun 05 A-	
						P1.9.1.d Incorporated into BASIC training.	P-Jun 05 A-	
					Policy disseminated	P1.9.1.e Policy disseminated to staff and supervisory oversight	P-Aug 05 A-	
					PRR monitoring	P1.9.1.f Quarterly monitoring by PRR.	P&A ongoing quarterly	
						P1.9.1.g Incorporated into Advanced FCOOHC In-service module training.	P-May 06 A-	
				P1.9.2 Increase number of resource families.  Cindy Wilkinson	Performance based contracts and outcome reports	P1.9.2.a See P1.6.5.a		
						P1.9.2.b See P1.6.5.b		
						P1.9.2.c See P1.6.5.c		
						P1.9.2.d See P1.6.5.d		
						P1.9.2.e See P1.6.5.e		
				P1.9.3 Increase capacity to conduct home studies and finalize adoptions.  Cindy Wilkinson	Request for Proposal	P1.9.3.a RFP written for performance based development contracts.	P-Sep 04 A-Sep 04	
					Workload staffing analysis	P1.9.3.b Conducted a workload staffing analysis to determine staffing need for completing home studies and finalized adoptions.	P-Mar 05 A-	
					Award letters	P1.9.3.c Awarded performance based permanency and resource development contracts.	P-Mar 05 A-	
					Staffing report	P1.9.3.d Committed additional staff (private or public) as needed per available resources.	P-Jul 05 A-	
				P1.9.4 Improve access to legal representation for CD staff		P1.9.4.a DLS identified plan to fill vacant FTE's or contract for attorneys.	P-Jul 04 A-Jul 04	
						P1.9.4.b Additional attorneys hired and placed.	P-Sep 04 A-Sep 04	

Program Improvement Implementation								
1			2	3	4	5	6	7
Outcome or Systemic Factors and Item(s) Contributing to Non-Conformity			Goal/Negotiated Measure/Percent of Improvement	Action Steps	Method of Measurement	Benchmarks Toward Achieving Goal	Dates of Achievement	
							Benchmark	Goal
	A	N/A						
				Fred Simmens		P1.9.4.c DLS & Law Schools identified funding sources for expansion of law school cooperative program.	P-Mar 05 A-	
						P1.9.4.d DLS & Law schools requested funding program.	P-Mar 05 A-	
					Establish workgroup	P1.9.4.e CD/DLS established a work group to develop a protocol for CD staff to access DLS attorneys or contractors.	P-Mar 05 A-	
						P1.9.4.f CD/DLS contacted law schools in St. Louis to assess interest in expanding the existing cooperative program.	P-Apr 05 A-	
					Develop draft protocol	P1.9.4.g Draft Protocol developed.	P-Apr 05 A-	
						P1.9.4.h Protocols adopted.	P-May 05 A-	
					Committee monitoring report	P1.9.4.i CD legal representation at court hearings monitored by CD/DLS joint committee for improvement.	P-July 05 A-	
Item 10: Other planned living arrangement		X	Baseline 63.3%  Goal 66.4% (Goal established is calculated by taking the average of 8 quarters performance in 2003 and 2004 and adding 5% of the average to measure improvement.)		PRR V-22 Youth 16 or older have an ILP plan documented in the case record (CS-1 Att.)  PRR V-21 Youth 16 or over, are participating in or have completed ILP classes			P-Dec 2006  A-
				P1.10.1 Increase number and quality of resource families for older youth		P1.10.1.a See P1.6.5.a		
						P1.10.1.b See P1.6.5.b		
						P1.10.1.c See P1.6.5.c		
						P1.10.1.d See P1.6.5.d		

Program Improvement Implementation								
1			2	3	4	5	6	7
Outcome or Systemic Factors and Item(s) Contributing to Non-Conformity			Goal/Negotiated Measure/Percent of Improvement	Action Steps	Method of Measurement	Benchmarks Toward Achieving Goal	Dates of Achievement	
							Benchmark	Goal
	A	N/A						
				Cindy Wilkinson		P1.10.1.e See P1.6.5.e		
					Discuss recruitment activities	P1.10.1.f Met with IL Specialists to discuss strategies on recruitment activities for locating homes for older youth.	P-Mar 05 A-	
					Recruitment activities report	P1.10.1.g Met with IL Specialists to report on community recruitment activities.	P-Jun 05 A-	
						P1.10.1.h Incorporated Ready, Set, Fly curriculum and Chafee video into foster parent training.	P-Sep 05 A-	
				P1.10.2 Increase awareness of Chafee program services to staff and community members	Distribute ETV material	P.1.10.2.a Increased awareness of Education and Training Voucher Program through distributing information material to secondary and higher education programs	P-Jan 2004 A-Jan 2004	
				Cindy Wilkinson	Youth conference	P1.10.2.b State Youth Advisory Board (SYAB) designed and hosted annual youth empowerment conference	P-July 04 annually A-July 04 annually	
					Provide information meetings	P1.10.2.c ILP staff provided Chafee informational meetings, seminars, workshops to CD staff, foster parents, juvenile court, and youth serving agencies.	P- Mar 04 Ongoing A-Mar 04 Ongoing	
					Write and disseminated memo	P1.10.2.d CD memo written and disseminated to staff involving ILP staff in the case planning process for older youth and referring age appropriate youth for Chafee services.	P-May 05 A-	
					Distributed ETV poster	P1.10.2.e Designed and distributed ETV poster to schools and youth serving agencies	P-May 05 A-	
				P1.10.3 Increase program accessibility to provide life skills training services for older youth	Implement Pre-ILP Training curriculum	P1.10.3.a Designed and Implemented Pre-ILP Life Skills training curriculum for youth 14-15.	P-June 04 A- June 04	
					Youth conference	P1.10.3.b State Youth Advisory Board (SYAB) designed and hosted annual	P-July 04 annually	



Program Improvement Implementation								
1			2	3	4	5	6	7
Outcome or Systemic Factors and Item(s) Contributing to Non-Conformity			Goal/Negotiated Measure/Percent of Improvement	Action Steps	Method of Measurement	Benchmarks Toward Achieving Goal	Dates of Achievement	
							Benchmark	Goal
	A	N/A						
				Cindy Wilkinson		youth empowerment conference	A-July 04 annually	
					Consult with SYAB	P1.10.3.c Consulted with SYAB members on needs of older youth.	P-Dec 04 Ongoing A- Dec 04 Ongoing	
					Convene workgroup and address recommendations	P1.10.3.d Convened workgroup to address recommendations from Chafee stakeholder and transitional living meetings on designating positions and training plan for adolescent workers	P-Feb 05  A-	
					Provide training to selected staff in designed areas	P1.10.3.e Training provided in designate areas to selected staff interested in adolescent worker positions	P-Feb 05  A-	
					CD memo	P1.10.3.f CD memo written and disseminated to staff involving ILP staff in the case planning process for older youth and referring age appropriate youth for Chafee services	P-May 05  A-	
<b>Permanency Outcome P2:</b>								
<b>Item 11:</b> Proximity of foster care placement	X							
<b>Item 12:</b> Placement with siblings		X	Baseline 85.6 Goal 89.9% (Goal established is calculated by taking the average of 8 quarters performance in 2003 and 2004 and adding 5% of the average to measure improvement).		Monitored through Peer Record Review Question V-4: Siblings are placed together or there is ongoing visitation			P-Dec 2006 A-

Program Improvement Implementation								
1			2	3	4	5	6	7
Outcome or Systemic Factors and Item(s) Contributing to Non-Conformity			Goal/Negotiated Measure/Percent of Improvement	Action Steps	Method of Measurement	Benchmarks Toward Achieving Goal	Dates of Achievement	
							Benchmark	Goal
	A	N/A						
				P2.12.1 Increase the number of siblings placed together  Kathryn Sapp	Policy developed	P2.12.1.a Policy developed for FST to be required prior to separating siblings at any time during placement episode.	P-Aug 04 A-Aug 04	
					Policy enhancement	P2.12.1.b Enhanced policy addressing the continual need for maintaining sibling relationship.	P-Aug 04 A-Aug 04	
					PRR results & Improvement plans	P2.12.1.c Circuit Managers monitored quarterly PRR results and improvement plans developed.	P-Feb 05 Ongoing Quarterly A-	
					Administrative review developed	P2.12.1.d Developed administrative process to review cases after siblings are separated after 30 days.	P-Nov 05 A-	
				P2.12.2 Develop an ongoing training module regarding sibling placements for staff, foster parents, and juvenile court staff.  Jeff Adams		P2.12.2.a Emphasis on the importance of sibling bonds, long term effects of separation, and importance of visitation, parentified child and sibling rivalries incorporated into foster parent training.	P-Nov 05 A-	
						P2.12.2.b See P1.7.4.a		
						P2.12.2.c See P1.7.4.b		
						P2.12.2.d See P1.7.4.c		
						P2.12.2.e See P1.7.4.d		
						P2.12.2.f See P1.7.4.e		
						P2.12.2.g See P1.7.4.f		
					Training module	P2.12.2.h Emphasis on the importance of sibling bonds, long term effects of separation, and importance of visitation, parentified child and sibling rivalries incorporated into BASIC and advanced FCOOHC In-Service training module.	P-May 06 A-	
				P2.12.3 Increase capacity for resource families that accept sibling groups. Cindy Wilkinson		P2.12.3.a See P1.6.5.a		
						P2.12.3.b See P1.6.5.b		
						P2.12.3.c See P1.6.5.c		
						P2.12.3.d See P1.6.5.d		
						P2.12.3.e See P1.6.5.e		

Program Improvement Implementation								
1			2	3	4	5	6	7
Outcome or Systemic Factors and Item(s) Contributing to Non-Conformity			Goal/Negotiated Measure/Percent of Improvement	Action Steps	Method of Measurement	Benchmarks Toward Achieving Goal	Dates of Achievement	
							Benchmark	Goal
	A	N/A						
Item 13: Visiting with parents and siblings in foster care.		X	Baseline 89.4 %  Goal 90.3% (Goal established is calculated by taking the average of 8 quarters performance in 2003 and 2004 and adding 1% of the average to measure improvement).		Parents visits monitored through PRR Question V-13. There is a current visitation plan in place to facilitate reunification.			P-Dec 2006  A-
			Baseline 85.6%  Goal 89.9% (Goal established is calculated by taking the average of 8 quarters performance in 2003 and 2004 and adding 5% of the average to measure improvement).		Sibling visits monitored through Peer Record Review question V-4: Siblings are placed together or there is ongoing visitation.			
				P2.13.1 Increase frequency and quality of parent/child and sibling visits.  Cindy Wilkinson	Policy revision	P2.13.1.a Revised policy to improve qualitative and quantitative visitation plan requirements.	P-Aug 05 A-	
						P2.13.1.b Incorporated policy revision into BASIC training and supervisory oversight provided to existing staff.	P-Sept 05 A-	
					PRR	P2.13.1.c Incorporated revisions into PRR tool.	P-Sept 05 A-	
					Quarterly data reports	P2.13.1.d Circuit Managers monitor data regarding frequency of parent/child/sibling visits.	P-Oct 05 A-	
					Practice improvement plans developed	P2.13.1.e Circuit Managers assisted by the PET teams developed practice improvement plans using all available data for guidance.	P-Oct 05 A-	

Program Improvement Implementation								
1			2	3	4	5	6	7
Outcome or Systemic Factors and Item(s) Contributing to Non-Conformity			Goal/Negotiated Measure/Percent of Improvement	Action Steps	Method of Measurement	Benchmarks Toward Achieving Goal	Dates of Achievement	
							Benchmark	Goal
	A	N/A						
					Revised policy and training module	P2.13.1.f Policy revision incorporated and staff training began: Advanced FCOOHC In-Service training module.	P-May 06 A-	
Item 14: Preserving connections		X	Baseline 23.3%  Goal 25.6%  Baseline 83%  Goal 87.2% Goal established is calculated by taking the average of 8 quarters performance in 2003 and 2004 and adding 5% of the average to measure improvement.		Relative Placement CD-Outcomes #17 Increase the number of children placed with relative provider  PRR V-1 Consideration was given to relatives or kin for placement.			P-Dec 2006  A-
				P2.14.1 Increase emphasis on preserving familial and community connections for children in out of home care.	Evaluation report	P2.14.1.a Evaluated Family-to-Family program regarding applicability for statewide implementation.	P-May 05 A-	
				Kathryn Sapp		P2.14.1.b Submitted evaluation recommendations to administration.	P-July 05 A-	
						P2.14.1.c Based on results of Family to Family evaluation and review of other state's best practices determined statewide applicability.	P-Aug 05 A-	
					State plan developed	P2.14.1.d Develop state plan to address preserving connections.	P-Oct 05 A-	
				P2.14.2 Improve diligent search for relatives/missing parents  Bonnie Washeck		P2.14.2.a See P1.6.2.a		
						P2.14.2.b See P1.6.2.b		
						P2.14.2.c See P1.6.2.c		
						P2.14.2.d See P1.6.2.d		
				P2.14.3 Revise ICWA policy	Policy revision	P2.14.3.a Revised ICWA policy to reflect best practice standards.	P-Aug 04 A-Aug 04	

Program Improvement Implementation								
1			2	3	4	5	6	7
Outcome or Systemic Factors and Item(s) Contributing to Non-Conformity			Goal/Negotiated Measure/Percent of Improvement	Action Steps	Method of Measurement	Benchmarks Toward Achieving Goal	Dates of Achievement	
							Benchmark	Goal
	A	N/A						
				Cindy Wilkinson Kathryn Sapp	CPS-1 CD-14	P2.14.3.b ICWA questions incorporated into intake (CPS-1) and family assessment (CD-14) tools.	P-May 05 A-	
					Policy disseminated	P2.14.3.c Newly revised intake & assessment disseminated to all CD staff.	P-Aug 05 A-	
					PRR	P2.14.3.d Add ICWA question to Peer Record Review tool.	P-Sept 05 A-	
					PRR quarterly data reports	P2.14.3.e Establish a baseline for ICWA for Peer Record.	P-Sept 05 A-	
Item 15: Relative placement		X	Baseline 25.9%  Goal 27.2% (Goal established is calculated by taking the average of 8 quarters performance in 2003 and 2004 and adding 5% of the average to measure improvement).  Progress to be tracked quarterly over two year period from CD Outcomes Report  Baseline 83.0% (derived from average of 8 quarters PRR data in FY 2003 and 2004)  Goal 87.2% (Goal established is calculated by taking the average of 8 quarters performance	.	Relative Placement monitored through the number of children placed with relative provider in legal status 1-4  Monitored through Peer Record Review question V-1: Consideration was given to relatives or kin for placement			P-Dec 2006  A-

Program Improvement Implementation								
1			2	3	4	5	6	7
Outcome or Systemic Factors and Item(s) Contributing to Non-Conformity			Goal/Negotiated Measure/Percent of Improvement	Action Steps	Method of Measurement	Benchmarks Toward Achieving Goal	Dates of Achievement	
							Benchmark	Goal
	A	N/A						
			in 2003 and 2004 and adding 5% of the average to measure improvement).					
				P2.15.1 Increase system capacity to accurately track placement kinship vendor types.  Lesley Pettit		P2.15.1.a See P1.6.1.a P2.15.1.b See P1.6.1.b P2.15.1.c See P1.6.1.c P2.15.1.d See P1.6.1.d P2.15.1.e See P1.6.1.e		
				P2.15.2 Improve diligent search for relatives/missing parents.  Cindy Wilkinson		P2.15.2.a See P1.6.2 a P2.15.2.b See P1.6.2.b P2.15.2.c See P1.6.2.c P2.15.2.d See P1.6.2.d		
				P2.15.3 Evaluate support and training provided for relative/kinship resource families  Cindy Wilkinson Jeff Adams		P2.15.3.a See P1.6.7.a P2.15.3.b See P1.6.7.b P2.15.3.c See P1.6.7.c		
Item 16: Relationship of child in care with parents		X	Baseline 91.0% Goal 91.9% (Goal established is calculated by taking the average of 8 quarters performance in 2003 and 2004 and adding 1% of the average to measure improvement).		Parent Visits monitored through Peer Record Review question V-3: The child is placed in close proximity to his/her family.			P-Dec 2006  A-
				P2.16.1 Improve diligent search for non-custodial parent.		P2.16.1.a See P1.6.2.a P2.16.1.b See P1.6.2.b P2.16.1.c See P1.6.2.c		

Program Improvement Implementation								
1			2	3	4	5	6	7
Outcome or Systemic Factors and Item(s) Contributing to Non-Conformity			Goal/Negotiated Measure/Percent of Improvement	Action Steps	Method of Measurement	Benchmarks Toward Achieving Goal	Dates of Achievement	
							Benchmark	Goal
	A	N/A						
				Bonnie Washeck		P2.16.1.d See P1.6.2.d		
				P2.16.2 Improve engagement of non-custodial parents in case planning by strengthening worker/supervisor skills in engaging families in the assessment, case planning and case plan review process. Increase parent, caregiver (alternative care provider) and child involvement in case assessment, plan development and reassessment.	PRR Outcomes	P16.16.2.a See S2.3.2.a		
						P16.16.2.b See S2.3.2.b		
						P16.16.2.c See S2.3.2.c		
						P16.16.2.d See S2.3.2.d		
						P16.16.2.e See S2.3.2.e		
						P16.16.2.f See S2.3.2.f		
				Kathryn Sapp				
Well Being Outcome 1 Families have enhanced capacity to provide for children's needs								
Item 17: Needs and services of child, parents, foster parents		X	Baseline 82.1%  Goal 86.2%		PRR III-10 Rating for the overall quality of the comprehensive assessment.			P-Dec 2006  A-

Program Improvement Implementation								
1			2	3	4	5	6	7
Outcome or Systemic Factors and Item(s) Contributing to Non-Conformity			Goal/Negotiated Measure/Percent of Improvement	Action Steps	Method of Measurement	Benchmarks Toward Achieving Goal	Dates of Achievement	
							Benchmark	Goal
	A	N/A						
			Baseline 91.0%  Goal 95.6% (Goal established is calculated by taking the average of 8 quarters performance in 2003 and 2004 and adding 5% of the average to measure improvement).		PRR III-3 The needs of the family/child are identified.			
				WB1.17.1 Improve family assessment and case plan tools to better link service provision to the needs of the bio family identified in the initial and ongoing assessments.  Kathryn Sapp		WB1.17.1.a See S2.3.1.a		
						WB1.17.1.b See S2.3.1.b		
						WB1.17.1.c See S2.3.1.c		
						WB1.17.1.d See S2.3.1.d		
						WB1.17.1.e See S2.3.1.e		
						WB1.17.1.f See S2.3.1.f		
						WB1.17.1.g See S2.3.1.g		
						WB1.17.1.h See S2.3.1.h		
			Baseline 80.4% Goal 84.4% (Goal established is calculated by taking the average of 8 quarters performance in 2003 and 2004 and adding 5% of the average to measure improvement).		PRR IV-15 Rating for the overall quality of the service plan and service delivery process.			
				WB1.17.2 Strengthen workers skills in engaging families in the assessment, case planning and case plan		WB1.17.2.a See S2.3.2.a		
						WB1.17.2.b See S2.3.2.b		
						WB1.17.2.c See S2.3.2.c		
						WB1.17.2.d See S2.3.2.d		
						WB1.17.2.e See S2.3.2.e		



Program Improvement Implementation								
1			2	3	4	5	6	7
Outcome or Systemic Factors and Item(s) Contributing to Non-Conformity			Goal/Negotiated Measure/Percent of Improvement	Action Steps	Method of Measurement	Benchmarks Toward Achieving Goal	Dates of Achievement	
							Benchmark	Goal
	A	N/A						
				review processes to increase parent, caregiver (alternative care provider) and child involvement in case assessment, plan development and reassessment.  Kathryn Sapp		WB1.17.2.f See S2.3.2.f		
				WB1.17.3 Implementation of “Confirming Safe Environments” to reduce the risk for children in foster/kinship care to identify needs of child and providers.  Cindy Wilkinson		WB1.17.3.a See S1.2.2.a WB1.17.3.b See S1.2.2.b WB1.17.3.c See S1.2.2.c WB1.17.3.d See S1.2.2.d WB1.17.3.e See S1.2.2.e WB1.17.3.f See S1.2.2.f WB1.17.3.g See S1.2.2.g		
Item 18: Child and family involvement in case planning.		X	Baseline 74.1%  Goal 77.8% (Goal established is calculated by taking the average of 8 quarters performance in 2003 and 2004 and adding 5% of the average to measure improvement).		Monitored through Peer Record Review question IV-8: The family participated in the development of and signed the service plan.			P-Dec 2006  A-
				WB1.18.1 Maximize parental/family participation in Family Support Team Meetings. Bonnie Washeck		WB1.18.1.a See S2.3.2 a WB1.18.1.b See S2.3.2 b WB1.18.1.c See S2.3.2 c WB1.18.1.d See S2.3.2 d WB1.18.1.e See S2.3.2 e WB1.18.1.f See S2.3.2 f		

Program Improvement Implementation								
1			2	3	4	5	6	7
Outcome or Systemic Factors and Item(s) Contributing to Non-Conformity			Goal/Negotiated Measure/Percent of Improvement	Action Steps	Method of Measurement	Benchmarks Toward Achieving Goal	Dates of Achievement	
							Benchmark	Goal
	A	N/A						
					Protocol established	WB1.18.1.g Established a protocol for accessing division staff outside of regular working hours.	P-Aug 05 A-	
				WB1.18.2 Improve the quality of Family Support Team Meetings.  Kathryn Sapp Cindy Wilkinson		WB1.18.2.a See P1.7.2a		
						WB1.18.2.b See P1.7.2b		
						WB1.18.2.c See P1.7.2c		
						WB1.18.2.d See P1.7.2d		
						WB1.18.2.e See P1.7.2e		
						WB1.18.2.f See P1.7.2f		
						WB1.18.2.g See P1.7.2g		
						WB1.18.2.h See P1.7.2h		
				WB1.18.3 Review and further develop a handbook, to be distributed at the point of removal, to educate parents on their rights and responsibilities, court procedures, etc.  Cindy Wilkinson		WB1.18.3.a Collected parent handbooks used by various circuits.	P-Aug 05 A-	
					Workgroup list	WB1.18.3.b Convened a work group to evaluate parent handbooks.	P-Oct 05 A-	
					Parent handbook	WB1.18.3.c Developed a universal parent handbook.	P-Jan 06 A-	
					Survey results	WB1.18.3.d Solicited consumer feedback on parent handbook	P-Apr 06 A-	
					Policy developed	WB1.18.3.e Developed policy on use of parent handbook.	P-July 06 A-	
					Policy disseminated	WB1.18.3.f Policy distributed to all staff and supervisory oversight.	P-Sept 06 A-	
					Training curriculum	WB1.18.3.g Policy Incorporated into BASIC training	P-Oct 06 A-	
Item 19: Worker visits with child – improve quantity and quality		X	Baseline 72.8%  Goal 76.4% (Goal established is calculated by taking the average of 8 quarters performance in 2003 and 2004 and adding 5% of the average to measure improvement).		Foster Care cases monitored through Peer Record Review question V-16: The worker visits the child twice every month.			
			.	WB1.19.1 Develop policy addressing the	Team appointments	WB1.19.1a Appointed visitation policy and practice team.	P-Jan 05 A-	

Program Improvement Implementation								
1			2	3	4	5	6	7
Outcome or Systemic Factors and Item(s) Contributing to Non-Conformity			Goal/Negotiated Measure/Percent of Improvement	Action Steps	Method of Measurement	Benchmarks Toward Achieving Goal	Dates of Achievement	
							Benchmark	Goal
	A	N/A						
				quality of visits to incorporate case planning, service delivery and goal attainment.  Cindy Wilkinson Kathryn Sapp	Convene meeting	WB1.19.1.b Convened first policy and practice team meeting.	P-Feb 05 A-	
					Policy developed	WB1.19.1.c Team developed policy on visitation and draft protocol regarding quality of visits.	P-May 05 A-	
					Recommendations reviewed	WB1.19.1.d Recommendation reviewed by policy review team and executive staff.	P-Jun 05 A-	
						WB1.19.1.e Policy disseminated to staff.	P-Aug 05 A-	
						WB1.19.1.f Utilize Practice Enhancement Teams (PET) to support protocols.	P-Aug 05 A-	
				WB1.19.2 Increase policy compliance for frequency of worker visits for intact and out-of-home cases.  Cindy Wilkinson Kathryn Sapp	Quarterly workload report	WB1.19.2.a Achieved progress in caseload equalization by developing quarterly circuit workload reports.	P-Aug 05 quarterly ongoing A-	
					PRR	WB1.19.2.b Circuit Managers monitored the frequency of worker visits through the PRR.	P-Aug 05 A-	
					Practice Improvement plans	WB1.19.2.c Circuit Managers assisted by PET to develop practice improvement plans.	P-Sep 05 A-	
				WB1.19.3 Tracking system to track worker visits (date/site).		WB1.19.3.1.a Enhancements made to the existing ACTS and FCS system.	P-Feb 06 A-	
						WB1.19.3.1.b SACWIS began to be available to track visitation in Case Management System.	P-May 06 A-	
Item 20: Worker Visit with parent(s).		X	Baseline 85.3%  Goal 89.5% (Goal established is calculated by taking the average of 8 quarters performance in 2003 and 2004 and adding 5% of the average to measure improvement).		Intact and Foster Care Cases monitored through Peer Record Review question IV-14: The worker visits family (caretakers) at least one time per month.			P-Dec 2006  A-

Program Improvement Implementation								
1			2	3	4	5	6	7
Outcome or Systemic Factors and Item(s) Contributing to Non-Conformity			Goal/Negotiated Measure/Percent of Improvement	Action Steps	Method of Measurement	Benchmarks Toward Achieving Goal	Dates of Achievement	
							Benchmark	Goal
	A	N/A						
				WB1.20.1 Strengthen worker relationships with biological or adoptive parents.  Bonnie Washeck	Protocols established	WB1.20.1.a Protocols established in WB1.19.1.c included in adoptive parent training	P-May 05 A-	
					Revise PRR	WB1.20.1.b Revised PRR to reflect collateral contacts required per family risk assessment/reassessment	P-Jun 05 A-	
						WB1.20.1.c See S2.3.2.a		
						WB1.20.1.d See S2.3.2.b		
						WB1.20.1.e See S.2.3.2.c		
						WB1.20.1.f See S.2.3.2.d		
						WB1.20.1.g See S.2.3.2.e		
					WB1.20.1.h See S2.3.2.f			
			WB1.20.2 – Refer to: WB1.19.1, WB1.19.2 and WB1.19.3  a. WB1.19.1 Develop policy addressing the quality of visits to incorporate case planning, service delivery and goal attainment.  b. WB1.19.2 Increase policy compliance for frequency of worker visits for intact and out-of-home cases.  c. WB1.19.3 Tracking system to track worker visits (date/site).		WB20.2.a See WB1.19.1.a-f   WB20.2.b See WB1.19.2 a-c   WB20.2.c See WB1.19.3 a-b			
Well Being Outcome 2 Children receive services to meet their educational								

Program Improvement Implementation								
1			2	3	4	5	6	7
Outcome or Systemic Factors and Item(s) Contributing to Non-Conformity			Goal/Negotiated Measure/Percent of Improvement	Action Steps	Method of Measurement	Benchmarks Toward Achieving Goal	Dates of Achievement	
							Benchmark	Goal
	A	N/A						
needs								
Item 21: Children receive appropriate services to meet their educational needs		X	Baseline 95.6% (derived from average of 8 quarter PRR data in FY 2003 and 2004)  Goal 96.6% (Goal established is calculated by taking the average of 8 quarters performance in 2003 and 2004 and adding 1% of the average to measure improvement.)		PRR V-18 The child is at grade level and receiving appropriate educational services.			P-Dec 2006  A-
				WB2.21.1 Improve working relationship among Children's Division, Department of Elementary and Secondary Education (DESE) and local school districts.  Fred Simmens	Protocol developed	WB2.21.1.a Protocol developed regarding inclusion of educational personnel in FST's.	P-Mar 05 A-	
					Education liaisons	WB2.21.1.b Designated an education liaison at the state level.	P-May 05 A-	
					Circuit Self Assessment	WB2.21.1.c Local level barriers identified regarding working with schools and educational disruptions of children in foster care.	P-May 05 A-	
					Written local plans	WB2.21.1.d Developed a plan to alleviate barriers and address educational disruptions of children in foster care as applicable.	P-May 05 A-	
					Written State plan	WB2.21.1.e Children's Division Administration partnered with DESE to address identified barriers at State level.	P-Aug 05 A-	
				WB2.21.2 Improve the flow of educational records and reports when children transfer schools.	Protocols developed	WB2.21.2.a Local protocols developed for alternative care children regarding permission of custodian to access records needed for enrollment.	P-Jun 05 A-	

Program Improvement Implementation								
1			2	3	4	5	6	7
Outcome or Systemic Factors and Item(s) Contributing to Non-Conformity			Goal/Negotiated Measure/Percent of Improvement	Action Steps	Method of Measurement	Benchmarks Toward Achieving Goal	Dates of Achievement	
							Benchmark	Goal
	A	N/A						
				Kathryn Sapp Cindy Wilkinson	Residential Facility contracts	WB2.21.2.b. Incorporated accountability measures for transfer of educational records into Residential Facility contracts.	P-Jun 05 A-	
				WB2.21.3 Decrease the incidence of educational neglect, truancy and suspension of children in care.  Cindy Wilkinson Kathryn Sapp		WB2.21.3.a Consult with National Resource Centers and other national education resources regarding early identification of educational neglect, truancy and suspension of children in care.	P-Apr 05 A-	
					Revised CD-14 and CS-1	WB2.21.3.b Identification of risk factors for educational neglect, truancy or school suspension incorporated into the CD-14 and CS-1.	P-Jul 05 A-	
					Distribute youth training video	WB2.21.4.c Distribute Youth Training Video for teacher in-service training.	P-Sep 05 A-	
					Protocol developed	WB2.21.3.d Protocol developed for accessing early interventions for students at risk for educational neglect, truancy and suspension.	P-Oct 05 A-	
					Protocol developed	WB2.21.3.e Protocol developed for children expelled due to the Safe School Act.	P-Oct 05 A-	
					Protocol disseminated	WB2.21.3.f Protocols distributed to staff and shared with local school districts.	P-Nov 05 A-	
						WB2.21.3.g Protocols incorporated into BASIC and foster parent training.	P-Dec 05 A-	
				WB2.21.4 Decrease the incidence of educational neglect, truancy and suspension of children for intact families. Kathryn Sapp		WB2.21.4.a Consulted with National Resource Center on Child Maltreatment and other national education resources regarding early identification of educational neglect, truancy and suspension of intact families.	P-Apr 05 A-	
					CD-14 revision	WB2.21.4.b Identification of risk factors for educational neglect, truancy or school suspension incorporated into the CD-14.	P-July 05 A-	

Program Improvement Implementation								
1			2	3	4	5	6	7
Outcome or Systemic Factors and Item(s) Contributing to Non-Conformity			Goal/Negotiated Measure/Percent of Improvement	Action Steps	Method of Measurement	Benchmarks Toward Achieving Goal	Dates of Achievement	
							Benchmark	Goal
	A	N/A						
					Distribute youth training video	WB2.21.4.c Distribute Youth Training Video for teacher in-service training.	P-Sep 05 A-	
					Protocol developed	WB2.21.4.d Protocol developed for accessing early interventions for students at risk for educational neglect, truancy and suspension.	P-Oct 05 A-	
					Protocol developed	WB2.21.4.e Protocol developed for children expelled due to the Safe School Act.	P-Oct 05 A-	
					Protocols disseminated	WB2.21.4.f Protocols distributed.	P-Nov 05 A-	
						WB2.21.4.g Protocols incorporated into BASIC training.	P-Dec 05 A-	
Well-Being 3 (WB3): Children receive adequate services to meet their physical and mental health needs.								
Item 22: Physical health of the child		X	Baseline 96.9% Goal 97.8% (Goal established is calculated by taking the average of 8 quarters performance in 2003 and 2004 and adding 1% of the average to measure improvement.		PRR V-17: The physical needs of the child are being met.			P-Dec 2006  A-
				WB3.22.1 Increase ability of Children's Division staff and families to access available dental resources.  Bonnie Washeck	Circuit Self Assessment	WB3.22.1.a Circuits identified available local dental resources.	P-Mar 05 A-	
					Dental coordinator list	WB3.22.1.b Dental coordinator assigned to each region (local level) to identify barriers and facilitate access to dental providers.	P-May 05 A-	
					Notification letter	WB3.22.1.c Notified dental providers of regional dental coordinators.	P-Aug 05 A-	

Program Improvement Implementation								
1			2	3	4	5	6	7
Outcome or Systemic Factors and Item(s) Contributing to Non-Conformity			Goal/Negotiated Measure/Percent of Improvement	Action Steps	Method of Measurement	Benchmarks Toward Achieving Goal	Dates of Achievement	
							Benchmark	Goal
	A	N/A						
					Written plan	WB3.22.1.d In partnership with Division of Medical Services (DMS) assessed and developed plan to reduce administrative burden on Medicaid providers.	P-Aug 05 A-	
					Assessment report	WB3.22.1.e Completed assessment regarding Dental Van program expansion.	P-Aug 05 A-	
				WB3.22.2 Increase capacity of staff to assess medical needs of children in intact families.  Bonnie Washeck	CD-14 revision	WB3.22.2.a Revised CD-14 to include assessment of medical needs of children in intact families.	P-July 05 A-	
					Policy disseminated	WB3.22.2.b Issued revised form and policy.	P-Sep 05 A-	
					Training curriculum	WB3.22.2.c Existing staff trained in Assessment and Service Planning using CD-14 as tool statewide.	P-Oct 05 A-	
						WB3.22.2.d Integrated CD-14 into Advanced Family-Centered In-service training module.	P-Jan 06 A-	
Item 23: Mental health needs of the child		X	Baseline 96.4%  Goal 97.3% (Goal established is calculated by taking the average of 8 quarters performance in 2003 and 2004 and adding 1% of the average to measure improvement.		PRR V-19: The mental health needs of the child are being met.			P-Dec 2006  A-
				WB3.23.1 Increase the ability of Children's Division staff and families to access available mental health resources.	Circuit Self Assessment	WB3.23.1.a Available mental health resources identified through Circuit Self Assessment.	P-Aug 04 A-Aug 04	
					Mental Health Coordinator list	WB3.23.1.b Five Regional Mental Health Coordinators designated.	P-Jan 05 A-	
						WB3.23.1.c See S2.3.5		



Program Improvement Implementation								
1			2	3	4	5	6	7
Outcome or Systemic Factors and Item(s) Contributing to Non-Conformity			Goal/Negotiated Measure/Percent of Improvement	Action Steps	Method of Measurement	Benchmarks Toward Achieving Goal	Dates of Achievement	
							Benchmark	Goal
	A	N/A						
				Jim Harrison	Written plan	WB3.23.1.d Mental Health Coordinators convened teams to identify local barriers, develop a plan to alleviate barriers and create partnerships to improve service delivery.	P-May 05  A-	
					Plan developed	WB3.23.1.e In partnership with Division of Medical Services (DMS) assessed and developed plan to reduce administrative burden on Medicaid providers.	P-Aug 05  A-	
				WB.3.23.2 Increase awareness of staff and foster parents regarding attachment and mental health issues.  Cindy Wilkinson		WB3.23.2.a See P1.6.3.a		
						WB3.23.2.b Increased the number of staff and foster parents trained on Working with the Explosive Child (See Training Matrix).	P & A- Ongoing semi-annually	
						WB3.23.2.c Increased the number of staff and foster parents trained on Grief and Loss (See Training Matrix).	P-Sep 04 A- Sep 04 ongoing semi-annually	
					Curriculum developed	WB3.23.2.d Developed Reactive Attachment Disorder curriculum.	P-Mar 05 A-	
					Training agenda	WB3.23.2.e Incorporated attachment issues training into on-going training.	P-Sep 06 A-	
				WB3.23.3 Increase capacity of staff to assess mental health needs of children in intact families.  Kathryn Sapp	CD-14 revision	WB3.23.3.a Incorporated assessment of mental health needs of children in intact families in CD-14 revision (See S2.3.1.b-h).	P-July 05  A-	
					Practice improvement plans	WB3.23.3.b Circuit Managers evaluated SCRT results and developed practice improvement strategies as needed.(See S2.3.3 a-f)	P-Apr 06 ongoing quarterly A-	
Systemic Factors								
Item 24: System can identify the	X							

Program Improvement Implementation								
1			2	3	4	5	6	7
Outcome or Systemic Factors and Item(s) Contributing to Non-Conformity			Goal/Negotiated Measure/Percent of Improvement	Action Steps	Method of Measurement	Benchmarks Toward Achieving Goal	Dates of Achievement	
							Benchmark	Goal
	A	N/A						
status, demographic characteristics, location and goals of children in foster care.								
Item 25: Provides a process that ensures that each child has a written case plan to be developed jointly with the child's parent(s) that includes the required provisions.		X	Baseline 80.4%  Goal 84.4% (Goal established is calculated by taking the average of 8 quarters performance in 2003 and 2004 and adding 5% of the average to measure improvement.		Monitored through Peer Record Review question IV-15 - Rating for the overall quality of the service plan and service delivery process.			
				25.1 Improve family assessment and case plan tools to better link service provision to the needs of the family identified in the initial and ongoing assessments. Kathryn Sapp		25.1.a See S2.3.1.a		
						25.1.b See S2.3.1.b		
						25.1.c See S2.3.1.c		
						25.1.d See S2.3.1.d		
						25.1.e See S2.3.1.e		
						25.1.f See S2.3.1.f		
						25.1.g See S2.3.1.g		
						25.1.h See S2.3.1.h		
				25.2 Strengthen worker/supervisor skills in engaging families in the assessment, case planning and case plan		25.2.a See S2.3.2.a		
						25.2.b See S2.3.2.b		
						25.2.c See S2.3.2.c		
						25.2.d See S2.3.2.d		
						25.2.e See S2.3.2.e		

Program Improvement Implementation								
1			2	3	4	5	6	7
Outcome or Systemic Factors and Item(s) Contributing to Non-Conformity			Goal/Negotiated Measure/Percent of Improvement	Action Steps	Method of Measurement	Benchmarks Toward Achieving Goal	Dates of Achievement	
							Benchmark	Goal
	A	N/A						
				review process to increase parent, caregiver (alternative care provider) and child involvement in case assessment, plan development and reassessment. Kathryn Sapp		25.2.f See S2.3.2.f		
				25.3 Improve supervisory capacity to monitor practice linking the assessment with the overall plan. Bonnie Washeck		25.3.a See S2.3.3.a		
						25.3.b See S2.3.3.b		
						25.3.c See S2.3.3.c		
						25.3.d See S2.3.3.d		
						25.3.e See S2.3.3.e		
						25.3.f See S2.3.3.f		
						25.3.g See S2.3.3.g		
						25.3.h See S2.3.3.h		
				25.4 Maximize parental/family involvement in Family Support Team Meetings.  Bonnie Washeck		25.4.a See P1.6.2.a		
						25.4.b See P1.6.2.b		
						25.4.c See P1.6.2.c		
						25.4.d See P1.6.2.d		
						25.4.e See S2.3.2 a		
						25.4.f See S2.3.2 b		
						25.4.g See S2.3.2 c		
						25.4.h See S2.3.2 d		
						25.4.i See S2.3.2 e		
						25.4.j See S2.3.2 f		
				25.5 Improve staff facilitation skills for Family Support Team Meetings.  Jeff Adams	Training curriculum	25.5.a Began offering 25 supplemental FST trainings to selected staff throughout state.	P-Feb 05 A-	
						25.5.b Enhanced/Improved FST skill application for BASIC.	P-Feb 05 A-	
						25.5.c Advanced FST skill application integrated into advanced Family-Centered Out-of-Home Service In-Service module.	P-May 06 A-	

Program Improvement Implementation								
1			2	3	4	5	6	7
Outcome or Systemic Factors and Item(s) Contributing to Non-Conformity			Goal/Negotiated Measure/Percent of Improvement	Action Steps	Method of Measurement	Benchmarks Toward Achieving Goal	Dates of Achievement	
							Benchmark	Goal
	A	N/A						
						25.5.d Advanced FST skill application integrated into Advanced Family-Centered Service In-Service module.	P-Sep 06 A-	
Item 26: Process for 6-month case reviews		X	Baseline 62.8% (derived from average of 8 quarters in FY 2003 and 2004)  Goal 69% (Goal established through method described in Item 15 using Outcomes Report data).		Monitored through CD Outcomes Report Outcome #12: Children with Timely Completion of Permanency Planning Review within 30 Days and 6 Months.			P-Dec 2006 A-
				26.1 Revised current policy to clarify an Administrative Review and requirements Kathryn Sapp	Draft policy	26.1.a Developed draft policy clarifying administrative review requirements and procedures.	P-Feb 05 A-	
						26.1.b Draft policy sent to policy review team and management.	P-Mar 05 A-	
					Policy revision	26.1.c Feedback received and revisions made.	P-Apr 05 A-	
					Policy disseminated	26.1.d New policy distributed to CD staff.	P-Jun 05 A-	
				26.2 Recruit 3 <sup>rd</sup> party participants for Administrative Reviews  Cindy Wilkinson	Volunteer list	26.2.a Circuit Managers recruited and trained a pool of qualified volunteers to participate in six month administrative reviews.	P-May 05 A-	
						26.2.b Circuit Managers scheduled and assigned individual reviewers to cases.	P-May 05 A-	
				26.3 Increase ability to track 6 month Administrative Reviews separately from FSTs  Cindy Wilkinson	System logic	26.3.a Met with MIS and developed system logic needed to add fields to SS-61.	P-Aug 04 A-Aug 04	
					CS-1 revision	26.3.b Revised the SS-61 to denote Administrative Review.	P-Jan 05 A-	
					Revised form disseminated	26.3.c Revised form and instructions distributed to all CD staff.	P-Jan 05 A-	

Program Improvement Implementation								
1			2	3	4	5	6	7
Outcome or Systemic Factors and Item(s) Contributing to Non-Conformity			Goal/Negotiated Measure/Percent of Improvement	Action Steps	Method of Measurement	Benchmarks Toward Achieving Goal	Dates of Achievement	
							Benchmark	Goal
	A	N/A						
Item 27: Provides a process that ensures that each child in foster care under the supervision of the State has a permanency hearing in a qualified court or administrative body no later than 12 months from the date the child entered foster care and no less frequently than every 12 months thereafter.		X	Will extract data on most recent court date from ACTS system.  <i>Baseline to be established by March 2005</i>					P-Dec 2006  A-
				27.1 Improve access to legal representation for CD.  Fred Simmens		27.1.a See P1.9.4.a 27.1.b See P1.9.4.b 27.1.c See P1.9.4.c 27.1.d See P1.9.4.d 27.1.e See P1.9.4.e 27.1.f See P1.9.4.f 27.1.g See P1.9.4.g 27.1.h See P1.9.4.h 27.1.i See P1.9.4.i		
				27.2 Implement training to develop testifying skills for CD staff.  Jeff Adams		27.2.a Current curriculum evaluated by Division of Legal Services.	P-Apr 05 A-	
						27.2.b Obtained technical assistance from DLS, NRC and OSCA.	P-Jun 05 A-	
					Curriculum modified	27.2.c Based on evaluation and technical assistance curriculum modified.	P-Oct 05 A-	
						27.2.d Modified curriculum approved.	P-Dec 05 A-	

Program Improvement Implementation								
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Outcome or Systemic Factors and Item(s) Contributing to Non-Conformity			Goal/Negotiated Measure/Percent of Improvement	Action Steps	Method of Measurement	Benchmarks Toward Achieving Goal	Dates of Achievement	
							Benchmark	Goal
	A	N/A						
					Training curriculum	27.2.e Modified curriculum incorporated into Basic and OJT for existing staff.	P-Mar 06 A-	
				27.3 Increase the timeliness of 12 month Permanency Hearings  Cindy Wilkinson Kathryn Sapp		27.3.a See 27.2.a		
						27.3.b See 27.2.b		
						27.3.c See 27.2.c		
						27.3.d See 27.2.d		
						27.3.e See 27.2.e		
					Report on circuits where issues need to be addressed	27.3.f Collaborated with OSCA at the state level to ensure joint accountability for timely court hearings and identify circuits where CD and court issues needed to be addressed.	P-May 05 A-	
					Workgroup participant list	27.3.g Developed on-going Court Issues workgroup to monitor timeliness of hearings.	P-June 05 A-	
						27.3.h Developed local protocols between the court and CD offices to ensure timely hearings.	P-July 05 A-	
	FST policy revision	27.3.i Revised Family Support Team policy to assure 12 month Permanency Hearing date is discussed and documented during team meeting.	P-Jul 05 A-					
		27.3.j Incorporated new FST policy into BASIC and OJT training for existing staff.	P-Aug 05 A-					
				27.4 Provide cross training to judiciary, court staff, GALs and Children’s Division staff on ASFA & Permanency hearings consistent with state and federal regulations.  Jeff Adams		27.4.a See P1.7.4.a		
						27.4.b See P1.7.4.b		
						27.4.c See P1.7.4.c		
						27.4.d See P1.7.4.d		
						27.4.e See P1.7.4.e		
						27.4.f See P1.7.4.f		

Program Improvement Implementation								
1			2	3	4	5	6	7
Outcome or Systemic Factors and Item(s) Contributing to Non-Conformity			Goal/Negotiated Measure/Percent of Improvement	Action Steps	Method of Measurement	Benchmarks Toward Achieving Goal	Dates of Achievement	
							Benchmark	Goal
	A	N/A						
Item 28: Provides a process for termination of parental rights proceedings in accordance with provisions of ASFA.		X	Baseline 83.4%  Goal 87.5% (Goal established is calculated by taking the average of 8 quarters performance in 2003 and 2004 and adding 5% of the average to measure improvement.)		Monitored through PRR V-14: TPR has occurred or been filed when the child has been in Out-of-Home Care for 15 of the most recent 22 months, or compelling reasons are documented.			P-Dec 2006  A-
				28.1 Improve access to legal representation for CD.  Fred Simmens		28.1.a See P1.9.4.a 28.1.b See P1.9.4.b 28.1.c See P1.9.4.c 28.1.d See P1.9.4.d 28.1.e See P1.9.4.e 28.1.f See P1.9.4.f 28.1.g See P1.9.4.g 28.1.h See P1.9.4.h 28.1.i See P1.9.4.i		
				28.2 Strengthen worker/supervisor skills in engaging families in the assessment, case planning and case plan		28.2.a See S2.3.2.a 28.2.b See S2.3.2.b 28.2.c See S2.3.2.c 28.2.d See S2.3.2.d 28.2.e See S2.3.2.e		

Program Improvement Implementation								
1			2	3	4	5	6	7
Outcome or Systemic Factors and Item(s) Contributing to Non-Conformity			Goal/Negotiated Measure/Percent of Improvement	Action Steps	Method of Measurement	Benchmarks Toward Achieving Goal	Dates of Achievement	
							Benchmark	Goal
	A	N/A						
				review process to increase parent, caregiver (alternative care provider) and child involvement in case assessment, plan development and reassessment.  Kathryn Sapp		28.2.f See S2.3.2.f		
				28.3 Termination of Parental Rights will be filed in a timely manner, except when compelling reasons are documented.  Cindy Wilkinson		28.3.a See P1.9.1a 28.3.b See P1.9.1.b 28.3.c See P1.9.1.c 28.3.d See P1.9.1.d 28.3.e See P1.9.1.e		
				28.4 Improve diligent search for relatives/parents  Bonnie Washeck		28.4.a See P1.6.2.a 28.4.b See P1.6.2.b 28.4.c See P1.6.2.c 28.4.d See P1.6.2.d		
				28.5 Collaborate with OSCA to amend 211.447 RSMo to ensure consistency w/ASFA requirements regarding filing of TPR petitions w/in 60 days of a judicial determination that the child is an abandoned infant, or that no Reasonable Efforts are required.  Fred Simmens	Draft proposal	28.5.a Proposal drafted.	P-Aug 05 A-	
						28.5.b Written proposal reviewed by OSCA and the Department.	P-Oct 05 A-	
					Meeting agenda	28.5.c Meetings held between OSCA and the Department of Social Services to finalize proposal.	P-Nov 05 A-	
					Draft legislation	28.5.d Advocated for proposed legislation.	P-Jun 06 A-	



Program Improvement Implementation								
1			2	3	4	5	6	7
Outcome or Systemic Factors and Item(s) Contributing to Non-Conformity			Goal/Negotiated Measure/Percent of Improvement	Action Steps	Method of Measurement	Benchmarks Toward Achieving Goal	Dates of Achievement	
							Benchmark	Goal
	A	N/A						
Item 29: Provides a process for foster parents, re-adoptive parents, and relative caregivers of children in foster care to be notified of, and have an opportunity to be heard in, any review or hearing held with respect to the child.		X		29.1 Increase ability of foster parents to be notified of and heard in court. Jim Harrison		29.1.a Implemented HB 1453.	P-Aug 04 A-Aug 04	
					Consumer survey	29.1.b Revised consumer surveys for foster parents, youth and bio parents to incorporate questions regarding notification of court hearings and opportunity to be heard in court.	P-Jun 05 A-	
						29.1.c Emphasized to staff the importance of including correct names and addresses in court reports.	P-Mar 05 A-	
					Cross training curriculum	29.1.d Comprehensive Child Welfare Training completed with OSCA.	P-May 05 A-	
Item 30: Standards to assure quality services and ensure children's safety and health	X							
Item 31: Identifiable QA system that evaluates the quality of services and improvements	X							
Item 32: Provision of ongoing staff training that addresses the necessary skills and knowledge	X							
Item 33: Ongoing training for staff		X						
				33.1 Develop supervisory training for front line supervisors.  Jeff Adams		33.1.a Professional Development and Training collaborated with HRC for on-going supervisors training.	P-Feb 04 A-Feb 04	
					Training agenda	33.1.b Implemented Module Four of the CPS Supervisor Training Project.	P-Mar 04 A-Mar 04	

Program Improvement Implementation								
1			2	3	4	5	6	7
Outcome or Systemic Factors and Item(s) Contributing to Non-Conformity			Goal/Negotiated Measure/Percent of Improvement	Action Steps	Method of Measurement	Benchmarks Toward Achieving Goal	Dates of Achievement	
							Benchmark	Goal
	A	N/A						
					Training agenda	33.1.c Implemented Module Five of the CPS Supervisor Training Project.	P-Jul 04 A-Jul 04	
					Training agenda	33.1.d Implemented Module Six of the CPS Supervisor Training Project.	P-Oct 04 A-Oct 04	
					Debriefing report	33.1.e CPS Supervisor Training Project Debriefing.	P-Dec 04 A-Dec 04	
					List of trainings offered	33.1.f HRC supervisor administrative pre-service training began for CD supervisors.	P-Dec 04 A-Dec 04	
					Curriculum developed	33.1.g Professional Development and Training completed development of new supervisor training curriculum/structure including initial and on-going training.	P-July 05 A-	
						33.1.h Training curriculum reviewed and approved by CD management.	P-Aug 05 A-	
						33.1.i Professional Development and Training selected one rural and one metro field test site.	P-Aug 05 A-	
						33.1.j Professional Development and Training field tested curriculum in two test sites	P-Sep 05 A-	
					Evaluation report	33.1.k Professional Development and Training evaluated field test results	P-Jan 06 A-	
					Curriculum revised	33.1.l Professional Development and Training, revised curriculum based on evaluation	P-Jan 06 A-	
						33.1.m Professional Development and Training implemented curriculum statewide.	P-June 06 A-	
				33.2 Develop advanced in-service training module for investigations and assessments  Jeff Adams	Curriculum developed	33.2.a Professional Development and Training developed advanced in-service curriculum for investigators and assessors.	P-Oct 04 A-Oct 04	
						33.2.b CD administration approved advanced investigation and assessment in-service training module.	P-Nov 04 A-Nov 04	

Program Improvement Implementation								
1			2	3	4	5	6	7
Outcome or Systemic Factors and Item(s) Contributing to Non-Conformity			Goal/Negotiated Measure/Percent of Improvement	Action Steps	Method of Measurement	Benchmarks Toward Achieving Goal	Dates of Achievement	
							Benchmark	Goal
	A	N/A						
					Training dates	33.2.c Professional Development and Training began training advanced investigation and assessment curriculum.	P-Jan 05 A-	
					Curriculum revised	33.2.d Professional Development and Training evaluated advanced investigation and assessment training module and made revisions.	P-June 05 A-	
						33.2.e Professional Development and Training implemented revised investigation and assessment advanced in-service training statewide.	P-Jul 05 A-	
				33.3 Develop advanced in-service training module for Family-Centered Services  Jeff Adams	Workgroup participant list	33.3.a Professional Development and Training formed workgroup to develop Family-Centered Services advanced in-service training module.	P-Feb 04 A-Feb 04	
					Focus group report	33.3.b Professional Development and Training workgroup conducted focus groups for feedback on Family-Centered Service training needs.	P-Mar 04 A-Mar 04	
						33.3.c Professional Development and Training reviewed Family-Centered Service focus group feedback.	P-Mar 04 A-Mar 04	
					Curriculum developed	33.3.d Professional Development and Training developed advanced in-service curriculum for Family-Centered Services.	P-Aug 05 A-	
						33.3.e CD administration approved advanced Family-Centered Services in-service training module.	P-Aug 05 A-	
					Training dates	33.3.f Professional Development and Training began training advanced Family-Centered Services curriculum.	P-Sep 05 A-	
					Curriculum revisions	33.3.g Professional Development and Training evaluated advanced Family-Centered Services training module and made revisions.	P-Mar 06 A-	

Program Improvement Implementation								
1			2	3	4	5	6	7
Outcome or Systemic Factors and Item(s) Contributing to Non-Conformity			Goal/Negotiated Measure/Percent of Improvement	Action Steps	Method of Measurement	Benchmarks Toward Achieving Goal	Dates of Achievement	
							Benchmark	Goal
	A	N/A						
						33.3.h Professional Development and Training implemented revised Family-Centered Services advanced in-service training statewide.	P-Sep 06 A-	
				33.4 Develop advanced in-service training module for Family-Centered Out-of-Home Care Services  Jeff Adams	Workgroup participant list	33.4.a Professional Development and Training formed workgroup to develop Family- Centered Out-of-Home Care Services advanced in-service training module.	P-Jun 04 A-Jun 04	
					focus group report	33.4.b Professional Development and Training workgroup conducted focus groups for feedback on Family-Centered Out-of-Home Care Services training needs.	P-Jul 04 A-Jul 04	
						33.4.c Professional Development and Training reviewed Family- Centered Out-of-Home Care Services focus group feedback.	P-Jul 04 A-Jul 04	
					Curriculum developed and reviewed	33.4.d Professional Development and Training developed advanced in-service curriculum for Family-Centered Out-of-Home Care Services and reviewed by OSCA.	P-Oct 05 A-	
						33.4.e CD administration approved advanced Family- Centered Out-of-Home Care Services in-service training module.	P-Nov 05 A-	
					Training dates	33.4.f Professional Development and Training began training advanced Family- Centered Out-of-Home Care Services curriculum in one metro and one rural site.	P-Dec 05 A-	
					Curriculum revision	33.4.g Professional Development and Training evaluated advanced Family-Centered Out-of-Home Care Services training module and made revisions.	P-Mar 06 A-	

Program Improvement Implementation								
1			2	3	4	5	6	7
Outcome or Systemic Factors and Item(s) Contributing to Non-Conformity			Goal/Negotiated Measure/Percent of Improvement	Action Steps	Method of Measurement	Benchmarks Toward Achieving Goal	Dates of Achievement	
							Benchmark	Goal
	A	N/A						
						33.4.h Professional Development and Training implemented revised Family-Centered Out-of-Home Care Services advanced in-service training statewide.	P-May 06 A-	
				33.5 Enhanced On-The-Job (OJT) Training  Jeff Adams	Workgroup participant list	33.5.a Professional Development and Training and Children's Services Specialist formed OJT workgroup.	P-Mar 04 A-Mar 04	
					Evaluation tools developed	33.5.b Workgroup developed new evaluation tools for OJT activities.	P-Mar 05 A-	
						33.5.c Children's Services Specialists provided enhanced OJT in field and served as clinical mentors/trainers for OJT.	P-June 05 A-	
				33.6 Create training advisory Committee to annually assess needs and evaluate training  Jeff Adams	Advisory Committee participant list	33.6.a Professional Development and Training created state training advisory committee, including schools of social work.	P-Mar 05 A-	
					Mission statement	33.6.b Advisory committee developed a mission statement.	P-Apr 05 A-	
					Written assessment plan	33.6.c Advisory Committee developed a written plan for assessing training needs	P-May 05 A-	
					Written evaluation plan	33.6.d Advisory Committee developed a written plan for evaluating training needs	P-May 05 A-	
						33.6.e Plan submitted to CD administrators for approval	P-Jul 05 A-	
				33.7 Develop Child Abuse and Neglect Training (CA/N) Institute for CD staff  Cindy Wilkinson	Committee participant list	33.7.a CA/N Training Institute Planning Partnership committee met to finalize topics and session content for upcoming three CA/N Training Institutes	P-Jan 04 A-Jan 04	
					Training agenda	33.7.b Held first CA/N Training Institute Session	P-Apr 04 A-Apr 04	
					Training agenda	33.7.c Held second CA/N Training Institute	P-Nov 04 A-Nov 04	
					Training agenda	33.7.d Held third CA/N Training Institute	P-Feb 05 A-	

Program Improvement Implementation								
1			2	3	4	5	6	7
Outcome or Systemic Factors and Item(s) Contributing to Non-Conformity			Goal/Negotiated Measure/Percent of Improvement	Action Steps	Method of Measurement	Benchmarks Toward Achieving Goal	Dates of Achievement	
							Benchmark	Goal
	A	N/A						
				33.8 Provide training based on circuit specific needs  Cindy Wilkinson	Circuit Self-Assessments	33.8.a Circuits completed Circuit Self-Assessments	P-Aug 04 A-Aug 04	
						33.8.b Circuits notified Professional Development and Training Unit of targeted training needs	P-Nov 04 A-Nov 04	
						33.8.c Professional Development and Training Unit to began providing targeted training to circuits based on identified need	P-Jan 05 A-	
Item 34: Provision of training for caregivers and adoptive parents that parents addresses the necessary skills and knowledge	X							
Item 35: Service array		X						
				35.1 Increase access and availability to dental services  Bonnie Washeck		35.1.a See WB3.22.1.a		
						35.1.b See WB3.22.1.b		
						35.1.c See WB3.22.1.c		
						35.1.d SeeWB3.22.1.d		
						35.1.e SeeWB3.22.1.e		
				35.2 Increase the ability of staff and families to access Alcohol and Drug Abuse Services (ADA)  Jeff Adams	Curriculum developed	35.2.a Professional Development and Training developed Family Drug and Safety Training based in focus group information	P-Jan 04 A-Jan 04	
					Training agenda and date	35.2.b Presented Drug training to focus group	P-Feb 04 A-Feb 04	
					Field test training	35.2.c Field tested drug training in Southwest region	P-Jun 04 A-Jun 04	
					Training agenda	35.2.d Second field test conducted in Jefferson County	P-Nov 04 A-Nov 04	
					Curriculum revised	35.2.e Curriculum revised to reflect recommendations during field test, including target audiences and how many staff	P-Apr 05 A-	

Program Improvement Implementation								
1			2	3	4	5	6	7
Outcome or Systemic Factors and Item(s) Contributing to Non-Conformity			Goal/Negotiated Measure/Percent of Improvement	Action Steps	Method of Measurement	Benchmarks Toward Achieving Goal	Dates of Achievement	
							Benchmark	Goal
	A	N/A						
					Training dates and sites	35.2.f Completed three additional Family, Drugs and Safety trainings across the state.	P-June 06 A-	
				35.3 Increase availability of specialized foster homes for older youth, siblings, disabled and medically fragile children.  Cindy Wilkinson		35.3.a See P1.6.5.a  35.3.b See P1.6.5.b 35.3.c See P1.6.5.c 35.3.d See P1.6.5.d 35.3.e See P1.6.5.e		
				35.4 Increase availability of and access to parenting classes and family/parent aide services.  Bonnie Washeck	Circuit self-assessment	35.4.a Through circuit self-assessment, determined available parenting classes and family/parent aide services	P-Mar 05 A-	
					CTS contracts	35.4.b Developed performance based CTS contracts for family/parent aide and parenting class service	P-Feb 06 A-	
				35.5 Increase services to meet the needs of non-English speaking consumers. Kathryn Sapp	Circuit self-assessments	35.5.a Through circuit self-assessment, determined available interpretive services for non-English speaking clients	P-Mar 05 A-	
					Recruitment plans	35.5.b Developed recruitment plan for multi/bilingual staff in circuits with identified need	P-May 05 A-	
					Forms translated	35.5.c Made CD forms available in other languages (Spanish to accommodate growing Hispanic population)	P-Dec 05 A-	
				35.6 Increase availability of transportation services.  Bonnie Washeck	Circuit self-assessment	35.6.a Available transportation services determined through circuit self-assessment.	P-Mar 05 A-	
						35.6.b Recruited regional service organizations to provide transportation services.	P-May 05 A-	

Program Improvement Implementation								
1			2	3	4	5	6	7
Outcome or Systemic Factors and Item(s) Contributing to Non-Conformity			Goal/Negotiated Measure/Percent of Improvement	Action Steps	Method of Measurement	Benchmarks Toward Achieving Goal	Dates of Achievement	
							Benchmark	Goal
	A	N/A						
					CTS contracts	35.6.c Issued state-wide transportation contracts.	P-Mar 06 A-	
Item 36: The services in item 35 are accessible to families and children in all political jurisdictions covered in the State's CFSP.		X						
				See Item 35, 1-6				
Item 37: The services in item 35 can be individualized to meet the unique needs of children and families served by the agency.		X						
				37.1 Increase access to existing services		See Item 35 1-6		
				37.2 Strengthen worker/supervisor skills in engaging families in the assessment, case planning and case plan review process to increase parent, caregiver (alternative care provider) and child involvement in case assessment, plan development and reassessment.		37.2.a See S2.3.2.a		
						37.2.b See S2.3.2.b		
						37.2.c See S2.3.2.c		
						37.2.d See S2.3.2.d		
						37.2.e See S2.3.2.e		
						37.2.f See S2.3.2.f		
Item 38: Engages	X			Kathryn Sapp				



Program Improvement Implementation								
1			2	3	4	5	6	7
Outcome or Systemic Factors and Item(s) Contributing to Non-Conformity			Goal/Negotiated Measure/Percent of Improvement	Action Steps	Method of Measurement	Benchmarks Toward Achieving Goal	Dates of Achievement	
							Benchmark	Goal
	A	N/A						
in ongoing consultation with critical stakeholders in developing the CFSP								
Item 39: Develops annual progress reports in consultation with stakeholders	X							
Item 40: Coordinates services with other federal programs	X							
Item 41: Standards for foster family and child care institutions	X							
Item 42: Standards are applied equally to all foster family and child care institutions	X							
Item 43: Conducts necessary criminal background checks.	X							
Item 44: Diligent recruitment of foster and adoptive families that reflect children's racial and ethnic diversity.		X						
				44.1 Increase the number of resource families.  Cindy Wilkinson		44.1.a See P1.6.5.a 44.1.b See P1.6.5.b 44.1.c See P1.6.5.c 44.1.d See P1.6.5.d 44.1.e See P1.6.5.e 44.1.f See P 2.12.3.a 44.1.g See P 2.12.3.b 44.1.h See P 2.12.3.c 44.1.i See P 2.12.3.d		

Program Improvement Implementation								
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							Benchmark	Goal
	A	N/A						
						44.1.j See P 2.12.3.e		
Item 45: Uses cross-jurisdictional resources to find placements	X							

**Children's Bureau  
Child and Family Services Reviews  
IV. Program Improvement Plan Matrix (PIP Matrix)**

State: Missouri

ACF Regional Office:

State contact and telephone: Lee Temmen, 573-526-3735         Region I         Region IV    X Region VII         Region X

ACF Contact and telephone: Ann Burds, 816 426-2260         Region II         Region V         Region VIII

Date and quarter submitted: May 27, 2005 First Quarter         Region III         Region VI         Region IX

A = Achieved

N/A = Not Achieved

Program Improvement Implementation								
1			2	3	4	5	6	7
Outcome or Systemic Factors and Item(s) Contributing to Non-Conformity			Goal/Negotiated Measure/Percent of Improvement	Action Steps	Method of Measurement	Benchmarks Toward Achieving Goal	Dates of Achievement	
							Benchmark	Goal
	A	N/A						
<b>Safety Outcome S1: .</b>								
<b>Item 1:</b> Timeliness of initiating investigations of reports of child maltreatment		X	Baseline 76.6% (derived from average of 8 quarters in FY 2003 and 2004)  1 <sup>st</sup> Quarter performance = 76.9%  Goal 80.4% (Goal established is calculated by taking the average of 8 quarters performance in 2003 and 2004 and adding 5% of the average to measure improvement. Progress to be tracked quarterly over two year period		Monitored through CD Outcomes Report Outcome #1: Improve timeliness of initial child contact.			Projected-Dec 2006  Actual-

Program Improvement Implementation								
1			2	3	4	5	6	7
Outcome or Systemic Factors and Item(s) Contributing to Non-Conformity			Goal/Negotiated Measure/Percent of Improvement	Action Steps	Method of Measurement	Benchmarks Toward Achieving Goal	Dates of Achievement	
							Benchmark	Goal
	A	N/A						
			from CD Outcomes Report).					
				S1.1.1 Clarify policy regarding timeliness of initiating reports of child maltreatment.  Kathryn Sapp		S1.1.1.a Refined definition of “initiating” reports.	P-Mar 05 Actual-Mar 05	
						S1.1.1.b Policy clarified regarding multi disciplinary team contact.	P- Mar 05 A-Mar 05	
						S1.1.1.c Policy clarified regarding face-to-face contact and determining safety of the child.	P-Mar 05 A-Mar 05	
					Policy issuance	S1.1.1.d Policy disseminated to all CD staff.	P-Mar 05 A-May 05	
				S1.1.2 Increase accuracy of data regarding initial contact.  Kathryn Sapp Susan Savage		S1.1.2.a Data system entry guidelines clarified for “initial contact”.	P-Aug 05 A-	
						S1.1.2.b As determined, if needed by policy clarification, additional systems entry codes developed to capture accurate data.	P-Feb 06 A-	
					PRR revised	S1.1.2.c Revised Peer Record review questions to assess accuracy of coding.	P-Sept 05 A-	
					Quarterly PRR results	S1.1.2.d Circuit Managers and the assisting QA specialists monitor quarterly Peer Record results and make recommendations for improvements.	P-Ongoing A-Ongoing quarterly	
				S1.1.3 Study feasibility for alternative protocols for managing non CA/N referrals  Virginia Lewis-Brunk	Demographic data	S1.1.3.a CD/FSD assessed demographics for non CA/N referrals.	P-Apr 04 A-Apr 04	
					Protocol written	S1.1.3.b Protocol written for screening and assigning non CA/N referrals for test sites in Jackson, Clay and Platte Counties.	P-May 04 A-May 04	
					Training agenda	S1.1.3.c Training provided to CD/FSD workers and supervisors regarding new protocol for testing.	P-May 04 A-May 04	

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							Benchmark	Goal
	A	N/A						
						S1.1.3.d Launched a non CA/N referral alternate response process in Jackson, Clay and Platte Counties.	P-Jul 04 A-Jul 04	
					Pilot data	S1.1.3.e Convened workgroup to evaluate CD/FSD pilot for non CA/N referrals.	P-Jan 05 A-Jan 05	
					Recommendations report	S1.1.3.f Workgroup to provide recommendations for modifications of non CA/N referral protocol and test sites continuations.	P-Apr 05 A-Apr 05	
					Recommendation Plan	S1.1.3.g Recommendation plans finalized.	P-Jun 05 A-Apr 05	
					Implementation plan	S1.1.3.h Implementation plans finalized to implement in target areas.	P-Aug 05 A-Apr 05	
				S1.1.4 Develop improvement plan to respond timely to reports of maltreatment  Kathryn Sapp	Circuit self-assessments	S1.1.4.a Circuit level assessment to evaluate CA/N response completed.	P-Oct 04 A-Aug 04	
					Established protocol	S1.1.4.b Local protocol for CA/N response established.	P-Mar 05 A-Mar 05	
					Implemented protocol	S1.1.4.c Implemented local protocol for improvement of maltreatment.	P-Apr 05 A-Apr 05	
						S1.1.4.d Monitored the improved timeliness of initial child contact.	P-July 05 A-	
				S1.1.5 Call Management and Structured Decision Making (SDM) Protocols Implemented at the Child Abuse and Neglect Hotline Unit (CA/N HU) to provide consistent screening and classification of calls received.  Charlotte Gooch	Protocols developed	S1.1.5.a Began development of SDM and Call Management protocols for CA/N HU.	P-Dec 03 A- Dec 03	
						S1.1.5.b Incorporated SDM and Call management protocols into CA/N HU process.	P-Apr 04 A-Apr 04	
					Training agenda	S1.1.5.c Remaining CA/N HU staff trained on protocols and using call management system.	P-Aug 04 A-Aug 04	
					CA/N HU Supervisory Review Tool developed	S1.1.5.d CA/N HU Supervisory Review tool developed to assess quality.	P-Sept 05 A-	
						S1.1.5.e CA/N Hotline protocols automated.	P-Sept 05 A-	

Program Improvement Implementation								
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							Benchmark	Goal
	A	N/A						
					PRR revision	S1.1.5.f Added CA/N HU section to the Peer Record Review tool.	P-Sept 05 A-	
					PRR tool analysis. On going data collected and reviewed quarterly.	S1.1.5.g Collected and analyzed PRR tool results for practice enhancements. Analysis.	P-Jan 2006 Ongoing Quarterly A-	
<b>Item 2: Repeat maltreatment</b>  <b>Recurrence of Maltreatment:</b>  Of all children who were victims of a substantiated or indicated maltreatment report in the first six months of the fiscal year, what percent were victims of another substantiated or indicated report within a 6 month period		X	CA/N Recidivism Nat'l Standard 6.1 % or less MO FFY 2003 NCANDS  Baseline 8.3%  NCANDS Goal 7.4% (Based on Federal formula for goal setting  1 <sup>st</sup> quarter performance based on quarterly Outcome Report 5.9% not NCANDS. NCANDS data not available quarterly.					P-Dec 2006  A-
				S1.2.1 Ensure consistent and accurate completion of SDM safety and risk assessment.  Kathryn Sapp Cindy Wilkinson	PRR revision	S1.2.1.a Incorporated SDM safety and risk assessment questions into Peer Record Review Tool.	P-Jan 04  A-Feb 04	
					Training curriculum	S1.2.1.b Modified BASIC training curriculum and ongoing training curriculum based on PRR results.	P-Feb 04  A-Mar 04	
					Training agenda	S1.2.1.c Conducted initial in-service training with CD and court staff.	P-Jun 04 A-Jun 04	

Program Improvement Implementation								
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Outcome or Systemic Factors and Item(s) Contributing to Non-Conformity			Goal/Negotiated Measure/Percent of Improvement	Action Steps	Method of Measurement	Benchmarks Toward Achieving Goal	Dates of Achievement	
							Benchmark	Goal
	A	N/A						
					Evaluation Report	S1.2.1.d Evaluated SDM Peer Record Review Outcomes.	P & A-On-going & quarterly	
					In-service training agenda	S1.2.1.e Convene workgroup to finalize SDM review tool and instruction to field.	P-Feb 05 A-Dec 04	
						S1.2.1.f Instruct field staff to review 10% of cases using SDM review tool.	P-Apr 05 A-Apr 05	
						S1.2.1.g Evaluate results of review, identify circuits whose needs are more imminent for the training.	P-Jul 05 A-	
						S1.2.1.h As needed, provided training to circuits identified with imminent need.	P-Sep 05 ongoing A-	
<b>Incidence of Child Abuse and/or Neglect in Foster Care:</b>  Of all children who were in foster care during the reporting period of the fiscal year, what percent experienced maltreatment from foster parents or facility staff members?			CA/N in AC Nat'l Standard 0.57% or less  MO FFY 2003 NCANDS Baseline 0.37%  <b>Goal Achieved</b>					P-Dec 2006  A-
				S1.2.2 Implementation of "Confirming Safe Environments" (CSE) process.	Training agenda	S1.2.2.a All staff trained in CSE process in test sites of Pettis, Cooper, and Greene.	P-Jul 04 A-Jul 04	
					Training agenda	S1.2.2.b Trained one Out-of-Home Unit on CSE in St. Louis City.	P-Jul 04 A-Jul 04	

Program Improvement Implementation								
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Outcome or Systemic Factors and Item(s) Contributing to Non-Conformity			Goal/Negotiated Measure/Percent of Improvement	Action Steps	Method of Measurement	Benchmarks Toward Achieving Goal	Dates of Achievement	
							Benchmark	Goal
	A	N/A						
				Susan Savage		S1.2.2.c In-house expertise developed for training	P-Dec 04 A-Dec 04	
					Evaluation report	S1.2.2.d Central Office staff summarized test site implementation in Pettis, Cooper and Greene for Child Protection	P-Mar 05  A-Mar 05	
					Modified curriculum	S1.2.2.e Strengths in summary and CSE curriculum identified by statewide committee.	P-Aug 05 A-	
					Submission of expansion and training plan	S1.2.2.f Strengths in summary and CSE curriculum incorporated into policy and practice through policy memo and localized training.	P-Jan 06  A-	
				S1.2.3 Strengthen policy regarding assessment of safety at and throughout placement.	Policy developed	S1.2.3.a Developed policy regarding assessment of safety at and throughout placement.	P-May 05  A-	
					Policy disseminated	S1.2.3.b Disseminate policy and monitor through on going circuit self-assessments, PRR and supervisory oversight.	P-June 05  A-	
				S1.2.4 Practice Enhancement Teams (PET) assist Circuit Managers in development of improvement strategies to reduce repeat maltreatment and CA/N in foster care.		S1.2.4.a Developed PET roles and responsibilities.	P-Feb 05 A-Feb 05	
					Organizational Chart	S1.2.4.b PET teams developed.	P-Mar 05 A-Mar 05	
					Current data on repeat maltreatment	S1.2.4.c Convened PET teams to review Circuit Self-Assessments in the areas of repeat maltreatment and CA/N in foster care.	P-Apr 05  A-Apr 05	
				Bonnie Washeck	List of strategies	S1.2.4.d PET teams and Circuit Managers developed improvement strategies.	P-May 05  A-	
					Program improvement plans developed	S1.2.4.e Program improvement plans implemented by Circuit Managers and staff.	P-Aug 05  A-	



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							Benchmark	Goal
	A	N/A						
				S1.2.5. Strengthen policy and practice relating to chronic neglect and accumulation of harm.  Kathryn Sapp	Analysis report	S1.2.5.a Statewide analysis of families with multiple reports completed by CD and Institute of Applied Research (IAR).	P-June 04 A-Feb 04	
					Waiver application	S1.2.5.b Submit revised Title IV-E waiver application for Chronic Neglect pilot.	P-Jan 05 A-May 05	
					Training curriculum	S1.2.5.c Training Curriculum for pilot sites developed regardless of waiver outcome.	P-July 05 A-	
						S1.2.5.d System enhancements for tracking/monitoring developed.	P-Jul 05 A-	
						S1.2.5.e Three pilot sites selected (Jasper, Jefferson and Randolph counties) based on negotiations with Federal partners.	P-July 05 A-	
					Training agenda	S1.2.5.f Pilot sites trained by FCS consultants.	P-Jul 05 A-	
						S1.2.5.g Initiated pilots.	P-Aug 05 A-	
					Evaluation report	S1.2.5.h University of Missouri evaluated effectiveness of pilot sites based on waiver approval.	P-Feb 06 A-	
					Outcome data	S1.2.5.i Based on results determined statewide applicability.	P-Mar 06 A-	
					Expansion plan developed	S1.2.5.j Developed state expansion plan.	P-Apr 06 A-	
						S1.2.5.k Expansion sites initiated.	P-Sept 06 A-	
				S1.2.6 Develop performance-based contract for foster parents  Bonnie Washeck	Licensing rules	S1.2.6.a Incorporated HB 1453 legislation regarding the Professional Family Development Plan (PFDP) into Licensing rules.	P-May 05 A-	
						S1.2.6.b Identified the performance based criteria required for the PFDP.	P-Aug 05 ongoing A-	

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							Benchmark	Goal
	A	N/A						
						S1.2.6.c Informed foster parents of PFDP criteria at assessment and reassessment	P-Aug 05 ongoing A-	
					Memo	S1.2.6.d Identify plan to inform CD staff of new requirements for foster parents.	P-Nov 05 A-	
					Training agenda	S1.2.6.e Trained CD staff on PFDP and how to assist family in developing and implementing the plan.	P-Feb 06 A-	
						S1.2.6.f Identified resources for foster families to use to successfully implement PFDP.	P-Mar 06 A-	
						S1.2.6.g Initiated PFDP for all new and reassessed foster parents.	P-May 06 A-	
<b>Safety Outcome S2:</b>								
<b>Item 3:</b> Services to family to protect child(ren) in home and prevent removal		X	Baseline 80.4%  1 <sup>st</sup> quarter PRR results = 81.1%  Goal 84.4% (Goal established is calculated by taking the average of 8 quarters performance in 2003 and 2004 and adding 5% of the average to measure improvement.)		Peer Record Review (PRR) IV-15 Rating of the overall quality of the service plan and service delivery			P-Dec 2006  A-
				S2.3.1 Improve family assessment and case plan tools to better link service provision to the needs of the family identified in the initial	Draft of CD-14	S2.3.1.a CD-14 family assessment tool field test initiated in Circuit 2.	P-Sep 04 A-Sep 04	
						S2.3.1.b CD-14 family assessment tool field test expanded to other sites.	P-May 05 A-Feb 05	
					Evaluation report	S2.3.1.c Results of field test evaluated and analyzed by staff and work group.	P-Jun 05 A-	

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Outcome or Systemic Factors and Item(s) Contributing to Non-Conformity			Goal/Negotiated Measure/Percent of Improvement	Action Steps	Method of Measurement	Benchmarks Toward Achieving Goal	Dates of Achievement	
							Benchmark	Goal
	A	N/A						
				and ongoing assessments; include a mechanism for family self-assessment and identified areas <b>specifically</b> related to child safety and risk concerns (to be completed concurrently with S2.3.2)  Kathryn Sapp	Revised CD-14	S2.3.1.d Revised CD-14 as needed.	P-Jul 05 A-	
						S2.3.1.e Recommendations regarding changes made.	P & A On-going	
					Policy issuance	S2.3.1.f Policy issued with new documents and instructions.	P-Oct 05 A-	
					Training	S2.3.1.g Training of existing staff completed.	P-Jan 06 A-	
						S2.3.1.h Incorporated changes into BASIC training.	P-Jan 06 A-	
				S2.3.2 Strengthen worker/supervisor skills in engaging families in the assessment, case planning and case plan review process to increase parent, caregiver (alternative care provider) and child involvement in case assessment, plan development and reassessment.  Bonnie Washeck		S2.3.2.a Conducted focus groups (workers, supervisors, circuit managers and consumers) in four circuits (circuits 1, 2, 10, 41) to identify clinical support needs.	P-Aug 04  A-Aug 04	
					Supplemental Supervisory Training	S2.3.2.b Focus group results compiled and used for supplemental supervisory training.	P-Oct 04  A-Oct 04	
					Training curriculum developed and began	S2.3.2.c Training curriculum developed and supplemental FST training began.	P-Feb 05  A-Feb 05	
						S2.3.2.d Up to twenty sessions of Supplemental Supervisory training for all Supervisor I's began.	P-Feb 05 A-Mar 05	
					Training agenda and summary of feedback	S2.3.2.e Training provided for existing staff and feedback solicited from trainees on training.	P-Oct 05 A-	
					Survey results and circuit improvement plans	S2.3.2.f PET teams annually analyzed family satisfaction survey data and PDR results for improvement with the expectation that circuits develop methods to improve.	P-Nov 05 annually A-	
				S2.3.3 Improve supervisory capacity to		S2.3.3.a Reviewed existing supervisory case review tools.	P-May 05 A-	

Program Improvement Implementation								
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							Benchmark	Goal
	A	N/A						
				monitor enhanced practice relating to case planning.  Susan Savage	Draft of tool	S2.3.3.b Created draft standardized supervisory case review tool.	P-June 05 A-	
						S2.3.3.c Supervisory case review tool field tested by selected supervisors.	P-Sept 05 A-	
					Feedback summary	S2.3.3.d Feedback from field testing reviewed by review team.	P-Jan 06 A-	
					Tool revision	S2.3.3.e Supervisory case review tool revised as needed.	P-Jan 06 A-	
					Protocol established and manual revision	S2.3.3.f Protocol for supervisory case review established and manual revisions made.	P-Jan 06 A-	
						S2.3.3.g System automation completed for supervisory case review tool.	P-Feb 06 A-	
					Policy disseminated and implemented	S2.3.3.h Supervisory case review tool and protocols approved and distributed for statewide use.	P-Feb 06 A-	
				S2.3.4 Establish procedures to access various service funding streams. Bonnie Washeck		S2.3.4.a Developed service access funding grid and guidelines.	P-Aug 05 A-	
					Guidelines distributed	S2.3.4.b Distributed service access funding grid and guidelines to all staff.	P-Sept 05 A-	
				S2.3.5. Per new legislation, develop state comprehensive children's mental health plan to increase level of cooperation between court, mental health, child welfare and families.  Jim Harrison		S2.3.5.a Barriers identified for children needing mental health services.	P-Jan 05 A-Jan 05	
						S2.3.5.b Funding mechanisms established for providing mental health services.	P-Jan 05 A-Jan 05	
					Coordination plan	S2.3.5.c Plan developed for coordination of resources from multiple agencies.	P-Jan 05 A-Jan 05	
						S2.3.5.d Evaluation methodology established.	P-Jan 05 A-Jan 05	
					Report submission	S2.3.5.e Report with recommendations submitted to legislators and governor.	P-Jan 05 A-Jan 05	

Program Improvement Implementation								
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Outcome or Systemic Factors and Item(s) Contributing to Non-Conformity			Goal/Negotiated Measure/Percent of Improvement	Action Steps	Method of Measurement	Benchmarks Toward Achieving Goal	Dates of Achievement	
							Benchmark	Goal
	A	N/A						
Item 4: Risk of harm to child(ren)		X	Baseline 89.4%  1 <sup>st</sup> quarter PRR results = 90.5 % exceeds goal.  Goal 90.3% (Goal established is calculated by taking the average of 8 quarters performance in 2003 and 2004 and adding 1% of the average to measure improvement.)		PRR IV-13 Services being provided to the family are adequate to meet their needs as identified in the assessment.			P-Dec 2006  A-
				S2.4.1 Ensure consistent and accurate completion of SDM safety and risk assessment.  Cindy Wilkinson	SDM Review Tool	S2.4.1.a See S1.2.1.a S2.4.1.b See S1.2.1.b S2.4.1.c See S1.2.1.c S2.4.1.d See S1.2.1.d S2.4.1.e See S1.2.1.e S2.4.1.f See S1.2.1.f S2.4.1.g See S1.2.1.g		
				S2.4.2 Implementation of “Confirming Safe Environments” process.  Susan Savage		S2.4.2.a See to S1.2.2.a S2.4.2.b See to S1.2.2.b S2.4.2.c See to S1.2.2.c S2.4.2.d See to S1.2.2.d S2.4.2.e See to S1.2.2.e S2.4.2.f See to S1.2.2.f S2.4.2.g See to S1.2.2.g		
				S2.4.3 Implement enhanced background screening for	Policy disseminated	S2.4.3.a Policy for enhanced background screening implemented statewide.	P-Aug 04  A-Aug 04	

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							Benchmark	Goal
	A	N/A						
				foster/kinship and court ordered providers.  Cindy Wilkinson		S2.4.3.b Policy updates and supervisory consultations with existing staff.	P-Aug 04 ongoing A-Aug 04 ongoing	
						S2.4.3.c Incorporated enhanced background screening into on-going STARS and BASIC training.	P-Nov 04 A-Nov 04	
				S2.4.4 Development of "Culture of Care Initiative" for improving safety and nurturance of children in a residential care setting.  Fred Proebsting	Committee member list	S2.4.4.a Work committees formed with volunteers from residential sites to develop curriculum.	P-Jan 04 A-Jan 04	
					Curriculum	S2.4.4.b Curriculum Drafted.	P-Mar 04 A-Mar 04	
						S2.4.4.c Curriculum approved by CD administration.	P-May 04 A-May 04	
						S2.4.4.d Roundtables held with CEO's to discuss curriculum.	P-Jul 04 A-Jul 04	
					Training agenda	S2.4.4.e NRC Train-the-Trainers session held/2 days in KC and St. Louis for residential licensed providers.	P-Aug 04 A-Aug 04	
						S2.4.4.f Measured through a reduction of the number of preponderance of evidence reports received by the residential treatment facilities.	P-Ongoing A-Ongoing	
				S2.4.5 Improve family assessment and case plan tools to better link service provision to the needs of the family identified in the initial and ongoing assessments; include a mechanism for family self-assessment and identified areas		S2.4.5.a See S2.3.1.a		
						S2.4.5.b See S2.3.1.b		
						S2.4.5.c See S2.3.1.c		
						S2.4.5.d See S2.3.1.d		
						S2.4.5.e See S2.3.1.e		
						S2.4.5.f See S2.3.1.f		
						S2.4.5.g See S2.3.1.g		

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							Benchmark	Goal
	A	N/A						
				specifically related to child safety and risk concerns.		S2.4.5.h See S2.3.1.h		
<b>Permanency Outcome 1</b>		X						
<b>Item 5</b>	X		Passed CFSR On-site review and 2002 AFCARS					
<b>Item 6:</b> Stability of foster care placement		X	Stability in foster care. Nat'l Standard 86.7% or more  1 <sup>st</sup> quarter performance based on quarterly outcomes report = 74.3 not AFCARS formula. AFCARS data not available quarterly.  MO FFY 2003 78.6% AFCARS Goal 80.5% (Based on Federal formula for goal setting)					P-Dec 2006  A-
				P1.6.1 Increase system capacity to accurately track placement kinship vendor types.  Lesley Pettit		P1.6.1.a Logic created to track additional placement types 1) Kin, Related, Not licensed 2) Kin, Non-related, Not licensed 3) Kin, Non-related, Licensed.	P-Mar 05  A-Feb 05	
						P1.6.1.b Coding changes in Legacy completed.	P-May 05 A-	
					Policy disseminated	P1.6.1.c Policy updated and distributed to CD staff.	P-Aug 05 A-	

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							Benchmark	Goal
	A	N/A						
					Data converted	P1.6.1.d Staff will convert existing data to reflect accurate placement types.	P-Dec 05 A-	
					Quarterly Outcome Report	P1.6.1.e Coding changes to be reflected in Quarterly Outcome Report.	P-Apr 06 A-	
				P1.6.2 Improve diligent search for relatives/missing parents.  Bonnie Washeck		P1.6.2.a Potential explored for CD staff to access existing diligent search mechanisms.	P-Jul 04  A-Jul 04	
					Procedure disseminated	P1.6.2.b Diligent search procedure developed, distributed, and monitored through supervisory oversight.	P-Aug 04  A-Aug 04	
						P1.6.2.c Established agreements, as necessary, with other state agencies (possibly through Family Support Division and OSCA) to enhance access to state databases as mechanisms for diligent search.	P-Mar 05  A-Apr 05	
					Quarterly outcome reports	P1.6.2.d CD staff utilize enhanced diligent search mechanism and monitored through supervisory oversight.	P-Apr 05  A-Apr 05	
				P1.6.3 Expand use of family support team meetings to promote stability in alternative care placements  Kathryn Sapp Cindy Wilkinson	Plan disseminated	P1.6.3.a Plan written and disseminated for HB 1453 requirement of a FST prior to or immediately after an impending move.	P-Aug 04  A-Aug 04	
						P1.6.3.b Made ACTS system changes to track FSTs held prior to or immediately after a move.	P-Aug 04  A-Aug 04	
						P1.6.3.c Central Office staff provided training to regional staff on HB 1453 requirements	P-Aug 04  A-Aug 04	
						P1.6.3.d Regional staff provided localized training to existing staff on HB 1453 requirement	P-Sep 04  A-Sep 04	
						P1.6.3.e Policy incorporated into BASIC training.	P-Dec 04  A-Dec 04	



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							Benchmark	Goal
	A	N/A						
					PRR	P1.6.3.f Updated PRR to assure pre-placement FSTs.	P-Feb 05 A-Mar 05	
				P1.6.4 Identify resource family types and shortages	Circuit data	P1.6.4.a Resource and recruitment contractors worked with circuits to determine resource family needs.	P-Mar 05 A-Apr 05	
				Cindy Wilkinson	Circuit management plan	P1.6.4.b Recruitment plan targeting resource families written into a circuit management plan to address identified need.	P-May 05 A-	
				P1.6.5 Increase number of resource families	Recruitment and retention plan developed	P1.6.5.a Recruitment and retention plan for foster home serving older youth implemented through Chafee program.	P-Jun 04 A-Jun 04	
				Cindy Wilkinson	Adopt US Kids campaign	P1.6.5.b Implemented Adopt US Kids campaign.	P-Jul 04 A-Jul 04	
					Request for Proposal	P1.6.5.c RFP written for performance based resource development contracts included the need for recruitment of resource homes to match our special needs population.	P-Dec 04 A-Sept 04	
					Award letters	P1.6.5.d Awarded recruitment and resource development contracts.	P-Mar 05 A-Pending	
					Circuit data	P1.6.5.e Resource and recruitment contractors worked with circuits to determine resource family needs.	P-Apr 05 A-Apr 05	
				P1.6.6 Increase placement stability by improving matching capabilities for children in out-of-home settings.		P1.6.6.a Consulted with the National Resource Center for Family Centered Practice and Permanency Planning regarding "critical" factors in placement stability.	P-Mar 06 A-	
				Cindy Wilkinson	Survey results	P1.6.6.b Surveyed resource families to gather information regarding placement stability.	P-May 06 A-	
						P1.6.6.c Developed a placement matching tool designed for use in team decision making.	P-Oct 06 A-	

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							Benchmark	Goal
	A	N/A						
					Matching tool developed disseminated	P1.6.6.d Tool disseminated with instructions.	P-Nov 06 A-	
						P1.6.6.e Tool incorporated into BASIC training and supervisory oversight provided to existing staff.	P-Dec 06 A-	
				P1.6.7 Evaluate support and training provided for relative/kinship resource families  Cindy Wilkinson Jeff Adams	Survey	P1.6.7.a Surveyed current relative caregivers on the adequacy of the Caregiver who Knows the Child training curriculum.	P-Dec 05 A-	
					Analysis report	P1.6.7.b Data Collected and analyzed.	P-Feb 06 A-	
					Curriculum revision	P1.6.7.c Based on curriculum modifications, training to began to be delivered to newly licensed relative/kinship providers.	P-Sep 06 A-	
<b>Item 7:</b> Permanency goal for child		X	Baseline 85.9%  1 <sup>st</sup> quarter PRR results = 86.1%  Goal 90.2% (Goal established is calculated by taking the average of 8 quarters performance in 2003 and 2004 and adding 5% of the average to measure improvement.)		PRR V-12 The permanency plan was developed and it includes options for concurrent planning.			P-Dec 2006  A-
				P1.7.1 Ensure the frequency and timeliness of Family Support Team Meetings occurs per policy	Circuit Self Assessment	P1.7.1.a Circuit Managers analyzed FST frequency data through circuit self assessment.	P-Aug 04 A-Aug 04	
					Corrective action plans	P1.7.1.b Initiated corrective action when data falls below goal set in strategic plan.	P-Feb 05 A-Apr 05	

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	A	N/A						
				Kathryn Sapp Cindy Wilkinson	Quarterly data reports	P1.7.1.c Circuit Managers assisted by PET monitored frequency data	P & A- Ongoing quarterly	
				P1.7.2 Improve quality of Family Support Teams (FSTs) to ensure permanency goal is reviewed and established  Kathryn Sapp Cindy Wilkinson		P1.7.2.a Made ACTS systems changes to track permanency reviews separately from FSTs.	P-Aug 04 A-Aug 04	
					Policy developed	P1.7.2.b Policy written on ACTS systems changes and elements necessary for permanency reviews.	P-Sep 04 A-Sep 04	
					Policy disseminated	P1.7.2.c Policy disseminated to all staff.	P-Sep 04 A-Aug 04	
					Training agenda	P1.7.2.d Incorporated ACTS system changes and policy into BASIC and computer systems training.	P-Jan 05 A-Oct 04	
					List of facilitators	P1.7.2.e Identified individuals who will serve as expert facilitators for more difficult FSTs.	P-Mar 05 A-Pending	
					Protocol developed	P1.7.2.f Protocol developed for accessing expert facilitators.	P-Apr 05 A-Pending	
					Training agenda	P1.7.2.g Trained expert facilitators.	P-Apr 05 A-Pending	
					Memo disseminated	P1.7.2.h Memo describing expert facilitator access protocol and expert facilitator duties distributed to all staff.	P-Apr 05 A-Pending	
				P1.7. 3 Strengthen policy and practice relating to concurrent planning.  Cindy Wilkinson		P1.7.3.a Circuit Managers monitored outcomes through PRR tool.	P-Mar 05 A-Mar 05	
					Improvement plans	P1.7.3.b Circuit Managers assisted by the PET to develop improvement plans.	P-May 05 A-	
					Training curriculum and revised child welfare manual	P1.7.3.c Integrated concurrent planning into Advanced FCOOHC In-Service Module training and child welfare manual.	P-May 06 A-	
				P1.7.4 Increase collaboration with courts by providing cross training to	Training curriculum	P1.7.4.a CD partnered with OSCA to develop training curriculum.	P-Jan 04 A-Jan 04	
						P1.7.4.b Developed draft plan to address logistics of proposed training.	P-Jan 04 A-Jan 04	

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	A	N/A						
				judiciary, court staff, GALs and Children's Division staff on ASFA & Permanency hearings consistent with state and federal regulations.  Cindy Wilkinson		P1.7.4.c Submitted draft to management of CD/OSCA.	P-Feb 04 A-Feb 04	
					Contract developed	P1.7.4.d Developed a contract to provide cross training to judiciary, court staff, GAL's and CD staff.	P-Mar 04 A-Mar 04	
						P1.7.4.e Management approved draft.	P-Apr 04 A-Apr 04	
					Training agenda and curriculum	P1.7.4.f Training implemented by CD/OSCA to include concurrent planning training.	P-Jun 04 A- Sept 04 ongoing twice per year	
<b>Item 8:</b> Reunification, guardianship, or permanent placement with relatives.		X	Reunification Nat'l Standard 76.2% or more  MO FFY 2003 AFCARS Baseline 59.8%  AFCARS Goal 62.2% (Based on Federal formula for goal setting).  1 <sup>st</sup> quarter performance based on quarterly outcomes report = 69.4% not AFCARS. AFCARS data not available quarterly.					P-Dec 2006  A-
				P1.8.1 Address permanency and	Data reports	P1.8.1.a Prepared data on legal status 2, 3, and 4 children.	P-Dec 04 A-Feb 05	

Program Improvement Implementation								
1			2	3	4	5	6	7
Outcome or Systemic Factors and Item(s) Contributing to Non-Conformity			Goal/Negotiated Measure/Percent of Improvement	Action Steps	Method of Measurement	Benchmarks Toward Achieving Goal	Dates of Achievement	
							Benchmark	Goal
	A	N/A						
				services needs of children in Legal Status 2, 3, and 4  Bonnie Washeck	Workgroup member list	P1.8.1.b Developed workgroup to examine legal status 2, 3, and 4 children (include in workgroup OSCA, CD, and metro sites).	P-Feb 05 A-Apr 05	
					Case review results report	P1.8.1.c Conducted special case reviews on legal status 2, 3, and 4 cases.	P-Apr 05 A-May 05	
					Summary of meeting decisions	P1.8.1.d CD met with DLS and OSCA to determine legal obligations related to legal status 2, 3, and 4 children.	P-Apr 05 A-Pending	
						P1.8.1.e Revise AFCARS population if necessary.	P-Apr 05 A-Pending	
					Protocol developed	P1.8.1.f Developed policy and protocol on worker duties related to legal status 2, 3, and 4 cases.	P-July 05 A-	
					Comparison data	P1.8.1.g Caseload analysis (comparison to LS1) completed Legal status 2, 3, and 4.	P-Sept 05 A-	
					PRR	P1.8.1.h Incorporated Legal status 2, 3, and 4 cases into established Peer Record Review process.	P-Oct 05 A-	
				P1.8.2 Establish procedures to access various service funding streams.  Bonnie Washeck		P1.8.2.a See S2.3.4.a. P1.8.2.b See S2.3.4.b.		
				P1.8.3 Ensure frequency and timeliness of Family Support Team Meetings occurs per policy.  Kathryn Sapp Cindy Wilkinson		P1.8.3.a See P1.7.1.a		
						P1.8.3.b See P1.7.1.b		
						P1.8.3.c See P1.7.1.c		
				P1.8.4 Improve quality		P1.8.4.a See P1.7.2.a		

Program Improvement Implementation								
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Outcome or Systemic Factors and Item(s) Contributing to Non-Conformity			Goal/Negotiated Measure/Percent of Improvement	Action Steps	Method of Measurement	Benchmarks Toward Achieving Goal	Dates of Achievement	
							Benchmark	Goal
	A	N/A						
				of Family Support Teams to assure the review of permanency goal.  Kathryn Sapp Cindy Wilkinson		P1.8.4.b See P1.7.2.b P1.8.4.c See P1.7.2.c P1.8.4.d See P1.7.2.d P1.8.4.e See P1.7.2.e P1.8.4.f See P1.7.2.f P1.8.4.g See P1.7.2.g P1.8.4.h See P1.7.2.h		
				P1.8.5 Increase collaboration with courts by providing cross training to new judiciary, court staff, Children's Division staff and GAL's on ASFA & Permanency hearings consistent with state and federal regulations  Cindy Wilkinson		P1.8.5.a See P1.7.4.a P1.8.5.b See P1.7.4.b P1.8.5.c See P1.7.4.c P1.8.5.d See P1.7.4.d P1.8.5.e See P1.7.4.e P1.8.5.f See P1.7.4.f		
				P1.8.6 Increase collaboration with courts by providing cross training to judiciary, court staff, GAL's and Children's Division staff regarding roles and responsibilities.  Cindy Wilkinson	Contract developed	P1.8.6.a Contract developed to provide training.	P-Apr 04 A-Apr 04	
					Meeting minutes	P1.8.6.b Meeting held to discuss roles and responsibilities of CD and Juvenile Officers.	P-Dec 04 A-Oct 04	
					Training agenda	P1.8.6.c Training provided to judiciary, court staff, GAL's and CD staff	P-May 05  A-	
				P1.8.7 Collaborate with OSCA to explore barriers that would allow Juvenile Courts to enter temporary custody orders and	Meeting Minutes	P1.8.7.a Meeting held (with OSCA, CD, and DLS) to look at existing data and practices to identify problem areas and barrier to expeditious guardianship, including legislative and policy change.	P-Mar 05  A-Oct 04	

Program Improvement Implementation								
1			2	3	4	5	6	7
Outcome or Systemic Factors and Item(s) Contributing to Non-Conformity			Goal/Negotiated Measure/Percent of Improvement	Action Steps	Method of Measurement	Benchmarks Toward Achieving Goal	Dates of Achievement	
							Benchmark	Goal
	A	N/A						
				transfer jurisdiction to Probate & Circuit Courts to expedite guardianship.  Jim Harrison	Proposal drafted	P1.8.7.b Proposal drafted for legislative change.	P-Mar 05 A-Oct 04	
						P1.8.7.c Written proposal reviewed by OSCA, CD and DLS.	P-Mar 05 A-Sept 04	
						P1.8.7.d Proposal finalized and presented to Department for legislative change.	P-Mar 05 A-Jan 05	
				P1.8.8 Determined policy remedy to be used in addition or in lieu of any legislative change referred in P1.8.7.  Jim Harrison Lesley Pettit		P1.8.8a Each circuit determined strategies with their court to expedite guardianship for children placed with relatives in CD custody.	P-Oct 05  A-	
						P1.8.8.b See P1.6.1a		
						P1.8.8.c See P1.6.1b		
						P1.8.8.d See P1.6.1c		
						P1.8.8.e See P1.6.1d		
						P1.8.8.f See P1.6.1e		
<b>Item 9: Adoption</b>	X		Adoption Nat'l Standard 32% or more  MO FFY 2003 AFCARS Baseline 38.5%  <b>Goal achieved</b>					P- Dec 2006  A-
				P1.9.1 Termination of Parental Rights will be filed in a timely manner, except when compelling reasons are documented.  Cindy Wilkinson Kathryn Sapp	Data report	P1.9.1.a.Examine TPR data from current information system.	P-Feb 05 A-Feb 05	
					Circuit reports on outcomes of meetings with courts.	P1.9.1.b Initiated local circuit meetings with Judicial Courts to address local procedures for filing of TPR petitions.	P-Jun 05  A-	
					Policy developed	P1.9.1.c Developed policy for supervisor and staff responsibilities in documenting compelling reasons for not filing TPR.	P-Jun 05  A-	

Program Improvement Implementation								
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							Benchmark	Goal
	A	N/A						
						P1.9.1.d Incorporated into BASIC training.	P-Jun 05 A-	
					Policy disseminated	P1.9.1.e Policy disseminated to staff and supervisory oversight	P-Aug 05 A-	
					PRR monitoring	P1.9.1.f Quarterly monitoring by PRR.	P&A ongoing quarterly	
						P1.9.1.g Incorporated into Advanced FCOOHC In-service module training.	P-May 06 A-	
				P1.9.2 Increase number of resource families.  Cindy Wilkinson	Performance based contracts and outcome reports	P1.9.2.a See P1.6.5.a		
						P1.9.2.b See P1.6.5.b		
						P1.9.2.c See P1.6.5.c		
						P1.9.2.d See P1.6.5.d		
						P1.9.2.e See P1.6.5.e		
				P1.9.3 Increase capacity to conduct home studies and finalize adoptions.  Cindy Wilkinson	Request for Proposal	P1.9.3.a RFP written for performance based development contracts.	P-Sep 04 A-Sep 04	
					Workload staffing analysis	P1.9.3.b Conducted a workload staffing analysis to determine staffing need for completing home studies and finalized adoptions.	P-Mar 05  A-Mar 05	
					Award letters	P1.9.3.c Awarded performance based permanency and resource development contracts.	P-Mar 05  A-Pending	
					Staffing report	P1.9.3.d Committed additional staff (private or public) as needed per available resources.	P-Jul 05  A-	
				P1.9.4 Improve access to legal representation for CD staff  Jim Harrison		P1.9.4.a DLS identified plan to fill vacant FTE's or contract for attorneys.	P-Jul 04 A-Jul 04	
						P1.9.4.b Additional attorneys hired and placed.	P-Sep 04 A-Sep 04	
						P1.9.4.c DLS & Law Schools identified funding sources for expansion of law school cooperative program.	P-Mar 05 A-_____	Unable to meet/budget constraints



Program Improvement Implementation								
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							Benchmark	Goal
	A	N/A						
						P1.9.4.d DLS & Law schools requested funding program.	P-Mar 05 A-_____	Unable to meet/budget constraints
					Establish workgroup	P1.9.4.e CD/DLS established a work group to develop a protocol for CD staff to access DLS attorneys or contractors.	P-Mar 05 A-Apr 05	
						P1.9.4.f CD/DLS contacted law schools in St. Louis to assess interest in expanding the existing cooperative program.	P-Apr 05 A-_____	Unable to meet/budget constraints
					Develop draft protocol	P1.9.4.g Draft Protocol developed.	P-Apr 05 A-Apr 05	
						P1.9.4.h Protocols adopted.	P-May 05 A-	
					Committee monitoring report	P1.9.4.i CD legal representation at court hearings monitored by CD/DLS joint committee for improvement.	P-July 05 A-	
Item 10: Other planned living arrangement		X	Baseline 63.6%  1 <sup>st</sup> quarter results for PRR V-22 = 53.3%  Goal = 66.4%  Baseline 63.3%  Goal = 66.4%  1 <sup>st</sup> quarter results for PRR V-21 = 72.0%  Goal established is calculated by taking the average of 8 quarters performance (in 2003 and 2004		PRR V-22 Youth 16 or older have an ILP plan documented in the case record (CS-1 Att.)  PRR V-21 Youth 16 or over, are participating in or have completed ILP classes			P-Dec 2006  A-

Program Improvement Implementation								
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Outcome or Systemic Factors and Item(s) Contributing to Non-Conformity			Goal/Negotiated Measure/Percent of Improvement	Action Steps	Method of Measurement	Benchmarks Toward Achieving Goal	Dates of Achievement	
							Benchmark	Goal
	A	N/A						
			and adding 5% of the average to measure improvement.)					
				P1.10.1 Increase number and quality of resource families for older youth  Cindy Wilkinson		P1.10.1.a See P1.6.5.a		
						P1.10.1.b See P1.6.5.b		
						P1.10.1.c See P1.6.5.c		
						P1.10.1.d See P1.6.5.d		
						P1.10.1.e See P1.6.5.e		
					Discuss recruitment activities	P1.10.1.f Met with IL Specialists to discuss strategies on recruitment activities for locating homes for older youth.	P-Mar 05	
					Recruitment activities report	P1.10.1.g Met with IL Specialists to report on community recruitment activities.	A-Mar 05	
						P1.10.1.h Incorporated Ready, Set, Fly curriculum and Chafee video into foster parent training.	P-Jun 05	
				P1.10.2 Increase awareness of Chafee program services to staff and community members  Cindy Wilkinson	Distribute ETV material	P.1.10.2.a Increased awareness of Education and Training Voucher Program through distributing information material to secondary and higher education programs	P-Sep 05	
							A-	
					Youth conference	P1.10.2.b State Youth Advisory Board (SYAB) designed and hosted annual youth empowerment conference	A-Mar 05	
							P-Jul 04 annually	
					Provide information meetings	P1.10.2.c ILP staff provided Chafee informational meetings, seminars, workshops to CD staff, foster parents, juvenile court, and youth serving agencies.	A-Jul 04 Annually	
							P-Mar 04 Ongoing	
					Write and disseminated memo	P1.10.2.d CD memo written and disseminated to staff involving ILP staff in the case planning process for older youth and referring age	A-Mar 04 Ongoing	
							P-May 05	
							A-	

Program Improvement Implementation								
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Outcome or Systemic Factors and Item(s) Contributing to Non-Conformity			Goal/Negotiated Measure/Percent of Improvement	Action Steps	Method of Measurement	Benchmarks Toward Achieving Goal	Dates of Achievement	
							Benchmark	Goal
	A	N/A						
						appropriate youth for Chafee services.		
					Distributed ETV poster	P1.10.2.e Designed and distributed ETV poster to schools and youth serving agencies	P-May 05 A-	
				P1.10.3 Increase program accessibility to provide life skills training services for older youth  Cindy Wilkinson	Implement Pre-ILP Training curriculum	P1.10.3.a Designed and Implemented Pre-ILP Life Skills training curriculum for youth 14-15.	P-June 04 A- June 04	
					Youth conference	P1.10.3.b State Youth Advisory Board (SYAB) designed and hosted annual youth empowerment conference	P-July 04 annually A-July 04 Annually	
					Consult with SYAB	P1.10.3.c Consulted with SYAB members on needs of older youth.	P-Dec 04 Ongoing A- Dec 04 Ongoing	
					Convene workgroup and address recommendations	P1.10.3.d Convened workgroup to address recommendations from Chafee stakeholder and transitional living meetings on designating positions and training plan for adolescent workers	P-Feb 05 A-Feb 05	
					Provide training to selected staff in designed areas	P1.10.3.e Training provided in designate areas to selected staff interested in adolescent worker positions	P-Feb 05 A-Feb 05	
					CD memo	P1.10.3.f CD memo written and disseminated to staff involving ILP staff in the case planning process for older youth and referring age appropriate youth for Chafee services	P-May 05 A-	
<b>Permanency Outcome P2:</b>								
<b>Item 11:</b> Proximity of foster care placement	X							
<b>Item 12:</b> Placement with		X	Baseline 85.6		Monitored through Peer			P-Dec 2006 A-

Program Improvement Implementation								
1			2	3	4	5	6	7
Outcome or Systemic Factors and Item(s) Contributing to Non-Conformity			Goal/Negotiated Measure/Percent of Improvement	Action Steps	Method of Measurement	Benchmarks Toward Achieving Goal	Dates of Achievement	
							Benchmark	Goal
	A	N/A						
siblings			<b>1<sup>st</sup> quarter PRR results = 85.8%</b>  Goal 89.9% (Goal established is calculated by taking the average of 8 quarters performance in 2003 and 2004 and adding 5% of the average to measure improvement).		Record Review Question V-4: Siblings are placed together or there is ongoing visitation			
				P2.12.1 Increase the number of siblings placed together  Kathryn Sapp	Policy developed	P2.12.1.a Policy developed for FST to be required prior to separating siblings at any time during placement episode.	P-Aug 04	
					Policy enhancement	P2.12.1.b Enhanced policy addressing the continual need for maintaining sibling relationship.	A-Aug 04	
					PRR results & Improvement plans	P2.12.1.c Circuit Managers monitored quarterly PRR results and improvement plans developed.	P-Aug 04	
					Administrative review developed	P2.12.1.d Developed administrative process to review cases after siblings are separated after 30 days.	P-Feb 05 Ongoing Quarterly A-	
				P2.12.2 Develop an ongoing training module regarding sibling placements for staff, foster parents, and juvenile court staff. Jeff Adams		P2.12.2.a Emphasis on the importance of sibling bonds, long term effects of separation, and importance of visitation, parentified child and sibling rivalries incorporated into foster parent training.	P-Nov 05	
						P2.12.2.b See P1.7.4.a	A-	
						P2.12.2.c See P1.7.4.b		
						P2.12.2.d See P1.7.4.c		
						P2.12.2.e See P1.7.4.d		
						P2.12.2.f See P1.7.4.e		

Program Improvement Implementation								
1			2	3	4	5	6	7
Outcome or Systemic Factors and Item(s) Contributing to Non-Conformity			Goal/Negotiated Measure/Percent of Improvement	Action Steps	Method of Measurement	Benchmarks Toward Achieving Goal	Dates of Achievement	
							Benchmark	Goal
	A	N/A						
						P2.12.2.g See P1.7.4.f		
					Training module	P2.12.2.h Emphasis on the importance of sibling bonds, long term effects of separation, and importance of visitation, parentified child and sibling rivalries incorporated into BASIC and advanced FCOOHC In-Service training module.	P-May 06  A-	
				P2.12.3 Increase capacity for resource families that accept sibling groups. Cindy Wilkinson		P2.12.3.a See P1.6.5.a		
						P2.12.3.b See P1.6.5.b		
						P2.12.3.c See P1.6.5.c		
						P2.12.3.d See P1.6.5.d		
						P2.12.3.e See P1.6.5.e		
Item 13: Visiting with parents and siblings in foster care.		X	Baseline 89.4 %  1 <sup>st</sup> quarter PRR results = 83.8%  Goal 90.3% (Goal established is calculated by taking the average of 8 quarters performance in 2003 and 2004 and adding 1% of the average to measure improvement).  Baseline 85.6%  1 <sup>st</sup> quarter PRR results = 85.8%  Goal 89.9% (Goal established is calculated by taking		Parents' visits monitored through PRR Question V-13. There is a current visitation plan in place to facilitate reunification.  Sibling visits monitored through Peer Record Review question V-4: Siblings are placed together or there is ongoing visitation.			P-Dec 2006  A-

Program Improvement Implementation								
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Outcome or Systemic Factors and Item(s) Contributing to Non-Conformity			Goal/Negotiated Measure/Percent of Improvement	Action Steps	Method of Measurement	Benchmarks Toward Achieving Goal	Dates of Achievement	
							Benchmark	Goal
	A	N/A						
			the average of 8 quarters performance in 2003 and 2004 and adding 5% of the average to measure improvement).					
				P2.13.1 Increase frequency and quality of parent/child and sibling visits.  Cindy Wilkinson	Policy revision	P2.13.1.a Revised policy to improve qualitative and quantitative visitation plan requirements.	P-Aug 05 A-	
						P2.13.1.b Incorporated policy revision into BASIC training and supervisory oversight provided to existing staff.	P-Sept 05 A-	
					PRR	P2.13.1.c Incorporated revisions into PRR tool.	P-Sept 05 A-	
					Quarterly data reports	P2.13.1.d Circuit Managers monitor data regarding frequency of parent/child/sibling visits.	P-Oct 05 A-	
					Practice improvement plans developed	P2.13.1.e Circuit Managers assisted by the PET teams developed practice improvement plans using all available data for guidance.	P-Oct 05 A-	
					Revised policy and training module	P2.13.1.f Policy revision incorporated and staff training began: Advanced FCOOHC In-Service training module.	P-May 06 A-	
Item 14: Preserving connections		X	Baseline 23.3%  1 <sup>st</sup> quarter performance = 23.9%  Goal 25.6%  Baseline 83%		Relative Placement CD-Outcomes #17. Increase the number of children placed with relative provider			P-Dec 2006  A-

Program Improvement Implementation								
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Outcome or Systemic Factors and Item(s) Contributing to Non-Conformity			Goal/Negotiated Measure/Percent of Improvement	Action Steps	Method of Measurement	Benchmarks Toward Achieving Goal	Dates of Achievement	
							Benchmark	Goal
	A	N/A						
			<p>1<sup>st</sup> quarter results for PRR = 85.5%</p> <p>Goal 87.2% Goal established is calculated by taking the average of 8 quarters performance in 2003 and 2004 and adding 5% of the average to measure improvement.</p>		PRR V-1 Consideration was given to relatives or kin for placement.			
				P2.14.1 Increase emphasis on preserving familial and community connections for children in out of home care.  Kathryn Sapp	Evaluation report	P2.14.1.a Evaluated Family-to-Family program regarding applicability for statewide implementation.	P-May 05 A-	
						P2.14.1.b Submitted evaluation recommendations to administration.	P-July 05 A-	
						P2.14.1.c Based on results of Family to Family evaluation and review of other state's best practices determined statewide applicability.	P-Aug 05 A-	
					State plan developed	P2.14.1.d Develop state plan to address preserving connections.	P-Oct 05 A-	
				P2.14.2 Improve diligent search for relatives/missing parents  Bonnie Washeck		P2.14.2.a See P1.6.2.a		
						P2.14.2.b See P1.6.2.b		
						P2.14.2.c See P1.6.2.c		
						P2.14.2.d See P1.6.2.d		
				P2.14.3 Revise ICWA policy Cindy Wilkinson Kathryn Sapp	Policy revision	P2.14.3.a Revised ICWA policy to reflect best practice standards.	P-Aug 04 A-Aug 04	
					CPS-1 CD-14	P2.14.3.b ICWA questions incorporated into intake (CPS-1) and family assessment (CD-14) tools.	P-May 05 A-	
					Policy disseminated	P2.14.3.c Newly revised intake & assessment disseminated to all CD staff.	P-Aug 05 A-	

Program Improvement Implementation								
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							Benchmark	Goal
	A	N/A						
					PRR	P2.14.3.d Add ICWA question to Peer Record Review tool.	P-Sept 05 A-	
					PRR quarterly data reports	P2.14.3.e Establish a baseline for ICWA for Peer Record.	P-Sept 05 A-	
Item 15: Relative placement		X	<p>Baseline 25.9%</p> <p>1<sup>st</sup> quarter Outcome Reports results = 26.5%</p> <p>Goal 27.2% (Goal established is calculated by taking the average of 8 quarters performance in 2003 and 2004 and adding 5% of the average to measure improvement).</p> <p>Progress to be tracked quarterly over two year period from CD Outcomes Report</p> <p>Baseline 83.0%</p> <p>1<sup>st</sup> quarter PRR results = 85.5%</p> <p>Goal 87.2% (Goal established is calculated by taking the average of 8 quarters performance</p>		<p>Relative Placement monitored through the number of children placed with relative provider in legal status 1-4</p> <p>Monitored through Peer Record Review question V-1: Consideration was given to relatives or kin for placement</p>			<p>P-Dec 2006</p> <p>A-</p>



Program Improvement Implementation								
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							Benchmark	Goal
	A	N/A						
			adding 5% of the average to measure improvement).					
				P2.15.1 Increase system capacity to accurately track placement kinship vendor types.  Lesley Pettit		P2.15.1.a See P1.6.1.a P2.15.1.b See P1.6.1.b P2.15.1.c See P1.6.1.c P2.15.1.d See P1.6.1.d P2.15.1.e See P1.6.1.e		
				P2.15.2 Improve diligent search for relatives/missing parents.  Cindy Wilkinson		P2.15.2.a See P1.6.2 a P2.15.2.b See P1.6.2.b P2.15.2.c See P1.6.2.c P2.15.2.d See P1.6.2.d		
				P2.15.3 Evaluate support and training provided for relative/kinship resource families  Cindy Wilkinson Jeff Adams		P2.15.3.a See P1.6.7.a P2.15.3.b See P1.6.7.b P2.15.3.c See P1.6.7.c		
Item 16: Relationship of child in care with parents		X	Baseline 91.0%  1 <sup>st</sup> quarter PRR results = 90%  Goal 91.9% (Goal established is calculated by taking the average of 8 quarters performance in 2003 and 2004 and adding 1% of the		Parent Visits monitored through Peer Record Review question V-3: The child is placed in close proximity to his/her family.			P-Dec 2006  A-

Program Improvement Implementation								
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							Benchmark	Goal
	A	N/A						
			average to measure improvement).					
				P2.16.1 Improve diligent search for non-custodial parent.  Bonnie Washeck		P2.16.1.a See P1.6.2.a P2.16.1.b See P1.6.2.b P2.16.1.c See P1.6.2.c P2.16.1.d See P1.6.2.d		
				P2.16.2 Improve engagement of non-custodial parents in case planning by strengthening worker/supervisor skills in engaging families in the assessment, case planning and case plan review process. Increase parent, caregiver (alternative care provider) and child involvement in case assessment, plan development and reassessment.  Kathryn Sapp	PRR Outcomes	P16.16.2.a See S2.3.2.a P16.16.2.b See S2.3.2.b P16.16.2.c See S2.3.2.c P16.16.2.d See S2.3.2.d P16.16.2.e See S2.3.2.e P16.16.2.f See S2.3.2.f		
Well Being Outcome 1 Families have enhanced capacity to provide for children's needs								

Program Improvement Implementation								
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							Benchmark	Goal
	A	N/A						
Item 17: Needs and services of child, parents, foster parents		X	Baseline 82.1%  1 <sup>st</sup> quarter PRR results = 83.6%  Goal 86.2%		PRR III-10 Rating for the overall quality of the comprehensive assessment.			P-Dec 2006  A-
			Baseline 91.0%  1 <sup>st</sup> quarter PRR results = 91.8%  Goal 95.6% (Goal established is calculated by taking the average of 8 quarters performance in 2003 and 2004 and adding 5% of the average to measure improvement).		PRR III-3 The needs of the family/child are identified.			
				WB1.17.1 Improve family assessment and case plan tools to better link service provision to the needs of the bio family identified in the initial and ongoing assessments.  Kathryn Sapp		WB1.17.1.a See S2.3.1.a WB1.17.1.b See S2.3.1.b WB1.17.1.c See S2.3.1.c WB1.17.1.d See S2.3.1.d WB1.17.1.e See S2.3.1.e WB1.17.1.f See S2.3.1.f WB1.17.1.g See S2.3.1.g WB1.17.1.h See S2.3.1.h		

Program Improvement Implementation								
1			2	3	4	5	6	7
Outcome or Systemic Factors and Item(s) Contributing to Non-Conformity			Goal/Negotiated Measure/Percent of Improvement	Action Steps	Method of Measurement	Benchmarks Toward Achieving Goal	Dates of Achievement	
							Benchmark	Goal
	A	N/A						
			Baseline 80.4%  1 <sup>st</sup> quarter PRR results = 81.1%  Goal 84.4% (Goal established is calculated by taking the average of 8 quarters performance in 2003 and 2004 and adding 5% of the average to measure improvement).		PRR IV-15 Rating for the overall quality of the service plan and service delivery process.			
				WB1.17.2 Strengthen workers skills in engaging families in the assessment, case planning and case plan review processes to increase parent, caregiver (alternative care provider) and child involvement in case assessment, plan development and reassessment.  Kathryn Sapp		WB1.17.2.a See S2.3.2.a WB1.17.2.b See S2.3.2.b WB1.17.2.c See S2.3.2.c WB1.17.2.d See S2.3.2.d WB1.17.2.e See S2.3.2.e WB1.17.2.f See S2.3.2.f		
				WB1.17.3 Implementation of "Confirming Safe Environments" to reduce the risk for children in		WB1.17.3.a See S1.2.2.a WB1.17.3.b See S1.2.2.b WB1.17.3.c See S1.2.2.c WB1.17.3.d See S1.2.2.d WB1.17.3.e See S1.2.2.e WB1.17.3.f See S1.2.2.f		

Program Improvement Implementation								
1			2	3	4	5	6	7
Outcome or Systemic Factors and Item(s) Contributing to Non-Conformity			Goal/Negotiated Measure/Percent of Improvement	Action Steps	Method of Measurement	Benchmarks Toward Achieving Goal	Dates of Achievement	
							Benchmark	Goal
	A	N/A						
				foster/kinship care to identify needs of child and providers.  Cindy Wilkinson				
Item 18: Child and family involvement in case planning.		X	Baseline 74.1%  1 <sup>st</sup> quarter PRR results = 77.4 %  Goal 77.8% (Goal established is calculated by taking the average of 8 quarters performance in 2003 and 2004 and adding 5% of the average to measure improvement).		Monitored through Peer Record Review question IV-8: The family participated in the development of and signed the service plan.			P-Dec 2006  A-
				WB1.18.1 Maximize parental/family participation in Family Support Team Meetings.  Bonnie Washeck		WB1.18.1.a See S2.3.2 a WB1.18.1.b See S2.3.2 b WB1.18.1.c See S2.3.2 c WB1.18.1.d See S2.3.2 d WB1.18.1.e See S2.3.2 e WB1.18.1.f See S2.3.2 f		
					Protocol established	WB1.18.1.g Established a protocol for accessing division staff outside of regular working hours.	P-Aug 05 A-	
				WB1.18.2 Improve the quality of Family Support Team Meetings.  Kathryn Sapp Cindy Wilkinson		WB1.18.2.a See P1.7.2a WB1.18.2.b See P1.7.2b WB1.18.2.c See P1.7.2c WB1.18.2.d See P1.7.2d WB1.18.2.e See P1.7.2e WB1.18.2.f See P1.7.2f WB1.18.2.g See P1.7.2g WB1.18.2.h See P1.7.2h		

Program Improvement Implementation								
1			2	3	4	5	6	7
Outcome or Systemic Factors and Item(s) Contributing to Non-Conformity			Goal/Negotiated Measure/Percent of Improvement	Action Steps	Method of Measurement	Benchmarks Toward Achieving Goal	Dates of Achievement	
							Benchmark	Goal
	A	N/A						
				WB1.18.3 Review and further develop a handbook, to be distributed at the point of removal, to educate parents on their rights and responsibilities, court procedures, etc.  Cindy Wilkinson		WB1.18.3.a Collected parent handbooks used by various circuits.	P-Aug 05 A-	
					Workgroup list	WB1.18.3.b Convened a work group to evaluate parent handbooks.	P-Oct 05 A-	
					Parent handbook	WB1.18.3.c Developed a universal parent handbook.	P-Jan 06 A-	
					Survey results	WB1.18.3.d Solicited consumer feedback on parent handbook	P-Apr 06 A-	
					Policy developed	WB1.18.3.e Developed policy on use of parent handbook.	P-July 06 A-	
					Policy disseminated	WB1.18.3.f Policy distributed to all staff and supervisory oversight.	P-Sept 06 A-	
					Training curriculum	WB1.18.3.g Policy Incorporated into BASIC training	P-Oct 06 A-	
Item 19: Worker visits with child – improve quantity and quality		X	Baseline 72.8%  1 <sup>st</sup> quarter PRR results = 75.6%  Goal 76.4% (Goal established is calculated by taking the average of 8 quarters performance in 2003 and 2004 and adding 5% of the average to measure improvement).		Foster Care cases monitored through Peer Record Review question V-16: The worker visits the child twice every month.			
			.	WB1.19.1 Develop policy addressing the quality of visits to incorporate case planning, service delivery and goal attainment.	Team appointments	WB1.19.1a Appointed visitation policy and practice team.	P-Jan 05 A-Feb 05	
					Convene meeting	WB1.19.1.b Convened first policy and practice team meeting.	P-Feb 05 A-May 05	
					Policy developed	WB1.19.1.c Team developed policy on visitation and draft protocol regarding quality of visits.	P-May 05 A-	

Program Improvement Implementation								
1			2	3	4	5	6	7
Outcome or Systemic Factors and Item(s) Contributing to Non-Conformity			Goal/Negotiated Measure/Percent of Improvement	Action Steps	Method of Measurement	Benchmarks Toward Achieving Goal	Dates of Achievement	
							Benchmark	Goal
	A	N/A						
				Bonnie Washeck	Recommendations reviewed	WB1.19.1.d Recommendation reviewed by policy review team and executive staff.	P-Jun 05 A-	
						WB1.19.1.e Policy disseminated to staff.	P-Aug 05 A-	
						WB1.19.1.f Utilize Practice Enhancement Teams (PET) to support protocols.	P-Aug 05 A-	
				WB1.19.2 Increase policy compliance for frequency of worker visits for intact and out-of-home cases.  Cindy Wilkinson Kathryn Sapp	Quarterly workload report	WB1.19.2.a Achieved progress in caseload equalization by developing quarterly circuit workload reports.	P-Aug 05 quarterly ongoing A-	
					PRR	WB1.19.2.b Circuit Managers monitored the frequency of worker visits through the PRR.	P-Aug 05 A-	
					Practice Improvement plans	WB1.19.2.c Circuit Managers assisted by PET to develop practice improvement plans.	P-Sep 05 A-	
				WB1.19.3 Tracking system to track worker visits (date/site).  Jim Harrison		WB1.19.3.1.a Enhancements made to the existing ACTS and FCS system.	P-Feb 06 A-	
						WB1.19.3.1.b SACWIS began to be available to track visitation in Case Management System.	P-May 06 A-	
Item 20: Worker Visit with parent(s).		X	Baseline 85.3%  1 <sup>st</sup> quarter PRR results = 86.6%  Goal 89.5% (Goal established is calculated by taking the average of 8 quarters performance in 2003 and 2004 and adding 5% of the average to measure improvement).		Intact and Foster Care Cases monitored through Peer Record Review question IV-14: The worker visits family (caretakers) at least one time per month.			P-Dec 2006  A-

Program Improvement Implementation								
1			2	3	4	5	6	7
Outcome or Systemic Factors and Item(s) Contributing to Non-Conformity			Goal/Negotiated Measure/Percent of Improvement	Action Steps	Method of Measurement	Benchmarks Toward Achieving Goal	Dates of Achievement	
							Benchmark	Goal
	A	N/A						
				WB1.20.1 Strengthen worker relationships with biological or adoptive parents.  Bonnie Washeck	Protocols established	WB1.20.1.a Protocols established in WB1.19.1.c included in adoptive parent training	P-May 05	
					Revise PRR	WB1.20.1.b Revised PRR to reflect collateral contacts required per family risk assessment/reassessment	P-Jun 05	
						WB1.20.1.c See S2.3.2.a		
						WB1.20.1.d See S2.3.2.b		
						WB1.20.1.e See S.2.3.2.c		
						WB1.20.1.f See S.2.3.2.d		
						WB1.20.1.g See S.2.3.2.e		
						WB1.20.1.h See S2.3.2.f		
			WB1.20.2 – Refer to: WB1.19.1, WB1.19.2 and WB1.19.3  a. WB1.19.1 Develop policy addressing the quality of visits to incorporate case planning, service delivery and goal attainment.  b. WB1.19.2 Increase policy compliance for frequency of worker visits for intact and out-of-home cases.  c. WB1.19.3 Tracking system to track worker visits (date/site).		WB1.20.2.a See WB1.19.1.a-f   WB1.20.2.b See WB1.19.2 a-c   WB1.20.2.c See WB1.19.3 a-b			
Well Being Outcome 2 Children receive services to meet								



Program Improvement Implementation								
1			2	3	4	5	6	7
Outcome or Systemic Factors and Item(s) Contributing to Non-Conformity			Goal/Negotiated Measure/Percent of Improvement	Action Steps	Method of Measurement	Benchmarks Toward Achieving Goal	Dates of Achievement	
							Benchmark	Goal
	A	N/A						
their educational needs								
<b>Item 21:</b> Children receive appropriate services to meet their educational needs		X	Baseline 95.6%  1 <sup>st</sup> quarter PRR results = 96.1%		PRR V-18 The child is at grade level and receiving appropriate educational services.			P-Dec 2006  A-
			Goal 96.6% (Goal established is calculated by taking the average of 8 quarters performance in 2003 and 2004 and adding 1% of the average to measure improvement.)					
				WB2.21.1 Improve working relationship among Children's Division, Department of Elementary and Secondary Education (DESE) and local school districts.  Bonnie Washeck	Protocol developed	WB.2.21.1.a Protocol developed regarding inclusion of educational personnel in FST's.	P-Mar 05  A-Apr 05	
					Education liaisons	WB2.21.1.b Designated an education liaison at the state level.	P-May 05 A-	
					Circuit Self Assessment	WB2.21.1.c Local level barriers identified regarding working with schools and educational disruptions of children in foster care.	P-May 05  A-	
					Written local plans	WB2.21.1.d Developed a plan to alleviate barriers and address educational disruptions of children in foster care as applicable.	P-May 05  A-	
					Written State plan	WB2.21.1.e Children's Division Administration partnered with DESE to address identified barriers at State level.	P-Aug 05  A-	

Program Improvement Implementation								
1			2	3	4	5	6	7
Outcome or Systemic Factors and Item(s) Contributing to Non-Conformity			Goal/Negotiated Measure/Percent of Improvement	Action Steps	Method of Measurement	Benchmarks Toward Achieving Goal	Dates of Achievement	
							Benchmark	Goal
	A	N/A						
				WB2.21.2 Improve the flow of educational records and reports when children transfer schools.	Protocols developed	WB2.21.2.a Local protocols developed for alternative care children regarding permission of custodian to access records needed for enrollment.	P-Jun 05 A-	
				Kathryn Sapp Cindy Wilkinson	Residential Facility contracts	WB2.21.2.b. Incorporated accountability measures for transfer of educational records into Residential Facility contracts.	P-Jun 05 A-	
				WB2.21.3 Decrease the incidence of educational neglect, truancy and suspension of children in care.  Cindy Wilkinson Kathryn Sapp		WB2.21.3.a Consult with National Resource Centers and other national education resources regarding early identification of educational neglect, truancy and suspension of children in care.	P-Apr 05 A-Apr 05	
					Revised CD-14 and CS-1	WB2.21.3.b Identification of risk factors for educational neglect, truancy or school suspension incorporated into the CD-14 and CS-1.	P-Jul 05 A-	
					Distribute youth training video	WB2.21.4.c Distribute Youth Training Video for teacher in-service training.	P-Sep 05 A-	
					Protocol developed	WB2.21.3.d Protocol developed for accessing early interventions for students at risk for educational neglect, truancy and suspension.	P-Oct 05 A-	
					Protocol developed	WB2.21.3.e Protocol developed for children expelled due to the Safe School Act.	P-Oct 05 A-	
					Protocol disseminated	WB2.21.3.f Protocols distributed to staff and shared with local school districts.	P-Nov 05 A-	
						WB2.21.3.g Protocols incorporated into BASIC and foster parent training.	P-Dec 05 A-	

Program Improvement Implementation								
1			2	3	4	5	6	7
Outcome or Systemic Factors and Item(s) Contributing to Non-Conformity			Goal/Negotiated Measure/Percent of Improvement	Action Steps	Method of Measurement	Benchmarks Toward Achieving Goal	Dates of Achievement	
							Benchmark	Goal
	A	N/A						
				WB2.21.4 Decrease the incidence of educational neglect, truancy and suspension of children for intact families. Kathryn Sapp		WB2.21.4.a Consulted with National Resource Center on Child Maltreatment and other national education resources regarding early identification of educational neglect, truancy and suspension of intact families.	P-Apr 05 A- Apr 05	
					CD-14 revision	WB2.21.4.b Identification of risk factors for educational neglect, truancy or school suspension incorporated into the CD-14.	P-July 05 A-	
					Distribute youth training video	WB2.21.4.c Distribute Youth Training Video for teacher in-service training.	P-Sep 05 A-	
					Protocol developed	WB2.21.4.d Protocol developed for accessing early interventions for students at risk for educational neglect, truancy and suspension.	P-Oct 05 A-	
					Protocol developed	WB2.21.4.e Protocol developed for children expelled due to the Safe School Act.	P-Oct 05 A-	
					Protocols disseminated	WB2.21.4.f Protocols distributed.	P-Nov 05 A-	
						WB2.21.4.g Protocols incorporated into BASIC training.	P-Dec 05 A-	
Well-Being 3 (WB3): Children receive adequate services to meet their physical and mental health needs.								

Program Improvement Implementation								
1			2	3	4	5	6	7
Outcome or Systemic Factors and Item(s) Contributing to Non-Conformity			Goal/Negotiated Measure/Percent of Improvement	Action Steps	Method of Measurement	Benchmarks Toward Achieving Goal	Dates of Achievement	
							Benchmark	Goal
	A	N/A						
Item 22: Physical health of the child		X	Baseline 96.9%  1 <sup>st</sup> quarter PRR results = 97.5%  Goal 97.8% (Goal established is calculated by taking the average of 8 quarters performance in 2003 and 2004 and adding 1% of the average to measure improvement.		PRR V-17: The physical needs of the child are being met.			P-Dec 2006  A-
				WB3.22.1 Increase ability of Children's Division staff and families to access available dental resources.  Bonnie Washeck	Circuit Self Assessment	WB3.22.1.a Circuits identified available local dental resources.	P-Mar 05 A-Aug 04	
					Dental coordinator list	WB3.22.1.b Dental coordinator assigned to each region (local level) to identify barriers and facilitate access to dental providers.	P-May 05  A-	
					Notification letter	WB3.22.1.c Notified dental providers of regional dental coordinators.	P-Aug 05 A-	
					Written plan	WB3.22.1.d In partnership with Division of Medical Services (DMS) assessed and developed plan to reduce administrative burden on Medicaid providers.	P-Aug 05  A-	
					Assessment report	WB3.22.1.e Completed assessment regarding Dental Van program expansion.	P-Aug 05  A-	
				WB3.22.2 Increase capacity of staff to assess medical needs of children in intact families.	CD-14 revision	WB3.22.2.a Revised CD-14 to include assessment of medical needs of children in intact families.	P-July 05  A-	
					Policy disseminated	WB3.22.2.b Issued revised form and policy.	P-Sep 05 A-	

Program Improvement Implementation								
1			2	3	4	5	6	7
Outcome or Systemic Factors and Item(s) Contributing to Non-Conformity			Goal/Negotiated Measure/Percent of Improvement	Action Steps	Method of Measurement	Benchmarks Toward Achieving Goal	Dates of Achievement	
							Benchmark	Goal
	A	N/A						
				Bonnie Washeck	Training curriculum	WB3.22.c Existing staff trained in Assessment and Service Planning using CD-14 as tool statewide.	P-Oct 05 A-	
						WB3.22.2.d Integrated CD-14 into Advanced Family-Centered In-service training module.	P-Jan 06 A-	
Item 23: Mental health needs of the child		X	Baseline 96.4%  1 <sup>st</sup> quarter PRR results = 96.5%  Goal 97.3% (Goal established is calculated by taking the average of 8 quarters performance in 2003 and 2004 and		PRR V-19: The mental health needs of the child are being met.			P-Dec 2006  A-
			adding 1% of the average to measure improvement.					
				WB3.23.1 Increase the ability of Children's Division staff and families to access available mental health resources.  Jim Harrison	Circuit Self Assessment	WB3.23.1.a Available mental health resources identified through Circuit Self Assessment.	P-Aug 04 A-Aug 04	
					Mental Health Coordinator list	WB3.23.1.b Five Regional Mental Health Coordinators designated.	P-Jan 05 A-Jan 05	
						WB3.23.1.c See S2.3.5		
					Written plan	WB3.23.1.d Mental Health Coordinators convened teams to identify local barriers, develop a plan to alleviate barriers and create partnerships to improve service delivery.	P-May 05 A-	

Program Improvement Implementation								
1			2	3	4	5	6	7
Outcome or Systemic Factors and Item(s) Contributing to Non-Conformity			Goal/Negotiated Measure/Percent of Improvement	Action Steps	Method of Measurement	Benchmarks Toward Achieving Goal	Dates of Achievement	
							Benchmark	Goal
	A	N/A						
					Plan developed	WB3.23.1.e In partnership with Division of Medical Services (DMS) assessed and developed plan to reduce administrative burden on Medicaid providers.	P-Aug 05 A-	
				WB3.23.2 Increase awareness of staff and foster parents regarding attachment and mental health issues.  Cindy Wilkinson		WB3.23.2.a See P1.6.3.a		
						WB3.23.2.b Increased the number of staff and foster parents trained on Working with the Explosive Child (See Training Matrix).	P & A- Ongoing semi-annually	
						WB3.23.2.c Increased the number of staff and foster parents trained on Grief and Loss (See Training Matrix).	P-Sep 04 A-Sep 04 ongoing semi-annually	
					Curriculum developed	WB3.23.2.d Developed Reactive Attachment Disorder curriculum.	P-Mar 05 A-Mar 05	
					Training agenda	WB3.23.2.e Incorporated attachment issues training into on-going training.	P-Sep 06 A-	
				WB3.23.3 Increase capacity of staff to assess mental health needs of children in intact families.  Kathryn Sapp	CD-14 revision	WB3.23.3.a Incorporated assessment of mental health needs of children in intact families in CD-14 revision (See S2.3.1.b-h).	P-July 05 A-	
					Practice improvement plans	WB3.23.3.b Circuit Managers evaluated SCRT results and developed practice improvement strategies as needed.(See S2.3.3 a-f)	P-Apr 06 ongoing quarterly A-	
<b>Systemic Factors</b>								
Item 24: System can identify the status, demographic characteristics, location and goals of children in	X							

Program Improvement Implementation								
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Outcome or Systemic Factors and Item(s) Contributing to Non-Conformity			Goal/Negotiated Measure/Percent of Improvement	Action Steps	Method of Measurement	Benchmarks Toward Achieving Goal	Dates of Achievement	
							Benchmark	Goal
	A	N/A						
foster care.								
Item 25: Provides a process that ensures that each child has a written case plan to be developed jointly with the child's parent(s) that includes the required provisions.		X	Baseline 80.4%  1 <sup>st</sup> quarter PRR results = 81.1%  Goal 84.4% (Goal established is calculated by taking the average of 8 quarters performance in 2003 and 2004 and adding 5% of the average to measure improvement.		Monitored through Peer Record Review question IV-15 Rating for the overall quality of the service plan and service delivery process.			
				25.1 Improve family assessment and case plan tools to better link service provision to the needs of the family identified in the initial and ongoing assessments. Kathryn Sapp		25.1.a See S2.3.1.a 25.1.b See S2.3.1.b 25.1.c See S2.3.1.c 25.1.d See S2.3.1.d 25.1.e See S2.3.1.e 25.1.f See S2.3.1.f 25.1.g See S2.3.1.g 25.1.h See S2.3.1.h		
				25.2 Strengthen worker/supervisor skills in engaging families in the assessment, case planning and case plan		25.2.a See S2.3.2.a 25.2.b See S2.3.2.b 25.2.c See S2.3.2.c 25.2.d See S2.3.2.d 25.2.e See S2.3.2.e		

Program Improvement Implementation								
1			2	3	4	5	6	7
Outcome or Systemic Factors and Item(s) Contributing to Non-Conformity			Goal/Negotiated Measure/Percent of Improvement	Action Steps	Method of Measurement	Benchmarks Toward Achieving Goal	Dates of Achievement	
							Benchmark	Goal
	A	N/A						
				review process to increase parent, caregiver (alternative care provider) and child involvement in case assessment, plan development and reassessment. Kathryn Sapp		25.2.f See S2.3.2.f		
				25.3 Improve supervisory capacity to monitor practice linking the assessment with the overall plan. Bonnie Washeck		25.3.a See S2.3.3.a		
						25.3.b See S2.3.3.b		
						25.3.c See S2.3.3.c		
						25.3.d See S2.3.3.d		
						25.3.e See S2.3.3.e		
						25.3.f See S2.3.3.f		
						25.3.g See S2.3.3.g		
						25.3.h See S2.3.3.h		
				25.4 Maximize parental/family involvement in Family Support Team Meetings.  Bonnie Washeck		25.4.a See P1.6.2.a		
						25.4.b See P1.6.2.b		
						25.4.c See P1.6.2.c		
						25.4.d See P1.6.2.d		
						25.4.e See S2.3.2 a		
						25.4.f See S2.3.2 b		
						25.4.g See S2.3.2 c		
						25.4.h See S2.3.2 d		
						25.4.i See S2.3.2 e		
						25.4.j See S2.3.2 f		
				25.5 Improve staff facilitation skills for Family Support Team Meetings.  Jeff Adams	Training curriculum	25.5.a Began offering 25 supplemental FST trainings to selected staff throughout state.	P-Feb 05 A-Feb 05	
						25.5.b Enhanced/Improved FST skill application for BASIC.	P-Feb 05 A-Feb 05	
						25.5.c Advanced FST skill application integrated into advanced Family-Centered Out-of-Home Service In-Service module.	P-May 06 A-	



Program Improvement Implementation								
1			2	3	4	5	6	7
Outcome or Systemic Factors and Item(s) Contributing to Non-Conformity			Goal/Negotiated Measure/Percent of Improvement	Action Steps	Method of Measurement	Benchmarks Toward Achieving Goal	Dates of Achievement	
							Benchmark	Goal
	A	N/A						
						25.5.d Advanced FST skill application integrated into Advanced Family-Centered Service In-Service module.	P-Sep 06 A-	
Item 26: Process for 6-month case reviews		X	Baseline 62.8% (derived from average of 8 quarters in FY 2003 and 2004)  1 <sup>st</sup> Quarter performance = 62.8%  Goal 69% (Goal established through method described in Item 15 using Outcomes Report data).		Monitored through CD Outcomes Report Outcome #12: Children with Timely Completion of Permanency Planning Review within 30 Days and 6 Months.			P-Dec 2006 A-
				26.1 Revised current policy to clarify an Administrative Review and requirements  Susan Savage	Draft policy	26.1.a Developed draft policy clarifying administrative review requirements and procedures.	P-Feb 05 A-Jul 04	
						26.1.b Draft policy sent to policy review team and management.	P-Mar 05 A-Aug 04	
					Policy revision	26.1.c Feedback received and revisions made.	P-Apr 05 A-Aug 04	
					Policy disseminated	26.1.d New policy distributed to CD staff.	P-Jun 05 A-Aug 04	
				26.2 Recruit 3 <sup>rd</sup> party participants for Administrative Reviews  Cindy Wilkinson	Volunteer list	26.2.a Circuit Managers recruited and trained a pool of qualified volunteers to participate in six month administrative reviews.	P-May 05 A-	
						26.2.b Circuit Managers scheduled and assigned individual reviewers to cases.	P-May 05 A-	

Program Improvement Implementation								
1			2	3	4	5	6	7
Outcome or Systemic Factors and Item(s) Contributing to Non-Conformity			Goal/Negotiated Measure/Percent of Improvement	Action Steps	Method of Measurement	Benchmarks Toward Achieving Goal	Dates of Achievement	
							Benchmark	Goal
	A	N/A						
				26.3 Increase ability to track 6 month Administrative Reviews separately from FSTs  Cindy Wilkinson	System logic	26.3.a Met with MIS and developed system logic needed to add fields to SS-61.	P-Aug 04 A-Aug 04	
					CS-1 revision	26.3.b Revised the SS-61 to denote Administrative Review.	P-Jan 05 A-Aug 04	
					Revised form disseminated	26.3.c Revised form and instructions distributed to all CD staff.	P-Jan 05 A-Aug 04	
Item 27: Provides a process that ensures that each child in foster care under the supervision of the State has a permanency hearing in a qualified court or administrative body no later than 12 months from the date the child entered foster care and no less frequently than every 12 months thereafter.		X	Will extract data on most recent court date from ACTS system.  <i>Baseline to be established by March 2005</i>  <i>Baseline for LS 1-3 children on 3/31/05 = 86.3%</i>  <i>Goal 88.0% with a 2 % increase</i>					P-Dec 2006  A-
				27.1 Improve access to legal representation for CD.  Fred Simmens		27.1.a See P1.9.4.a		
						27.1.b See P1.9.4.b		
						27.1.c See P1.9.4.c		
						27.1.d See P1.9.4.d		
						27.1.e See P1.9.4.e		
						27.1.f See P1.9.4.f		
						27.1.g See P1.9.4.g		
						27.1.h See P1.9.4.h		
						27.1.i See P1.9.4.i		
				27.2 Implement training to develop		27.2.a Current curriculum evaluated by Division of Legal Services.	P-Apr 05 A-Dec 04	

Program Improvement Implementation								
1			2	3	4	5	6	7
Outcome or Systemic Factors and Item(s) Contributing to Non-Conformity			Goal/Negotiated Measure/Percent of Improvement	Action Steps	Method of Measurement	Benchmarks Toward Achieving Goal	Dates of Achievement	
							Benchmark	Goal
	A	N/A						
				testifying skills for CD staff.		27.2.b Obtained technical assistance from DLS, NRC and OSCA.	P-Jun 05 A-	
				Jeff Adams	Curriculum modified	27.2.c Based on evaluation and technical assistance curriculum modified.	P-Oct 05 A-	
						27.2.d Modified curriculum approved.	P-Dec 05 A-	
					Training curriculum	27.2.e Modified curriculum incorporated into Basic and OJT for existing staff.	P-Mar 06 A-	
				27.3 Increase the timeliness of 12 month Permanency Hearings  Cindy Wilkinson Kathryn Sapp		27.3.a See 27.2.a		
						27.3.b See 27.2.b		
						27.3.c See 27.2.c		
						27.3.d See 27.2.d		
						27.3.e See 27.2.e		
					Report on circuits where issues need to be addressed	27.3.f Collaborated with OSCA at the state level to ensure joint accountability for timely court hearings and identify circuits where CD and court issues needed to be addressed.	P-May 05 A-	
					Workgroup participant list	27.3.g Developed on-going Court Issues workgroup to monitor timeliness of hearings.	P-June 05 A-	
						27.3.h Developed local protocols between the court and CD offices to ensure timely hearings.	P-July 05 A-	
				27.4 Provide cross training to judiciary, court staff, GALs and Children's Division		27.3.i Revised Family Support Team policy to assure 12 month Permanency Hearing date is discussed and documented during team meeting.	P-Jul 05 A-	
						27.3.j Incorporated new FST policy into BASIC and OJT training for existing staff.	P-Aug 05 A-	
						27.4.a See P1.7.4.a		
						27.4.b See P1.7.4.b		
						27.4.c See P1.7.4.c		
						27.4.d See P1.7.4.d		

Program Improvement Implementation								
1			2	3	4	5	6	7
Outcome or Systemic Factors and Item(s) Contributing to Non-Conformity			Goal/Negotiated Measure/Percent of Improvement	Action Steps	Method of Measurement	Benchmarks Toward Achieving Goal	Dates of Achievement	
							Benchmark	Goal
	A	N/A						
				staff on ASFA & Permanency hearings consistent with state and federal regulations.  Jeff Adams		27.4.e See P1.7.4.e 27.4.f See P1.7.4.f		
Item 28: Provides a process for termination of parental rights proceedings in accordance with provisions of ASFA.		X	Baseline 83.4%  1 <sup>st</sup> Quarter PRR results = 84.9%  Goal 87.5% (Goal established is calculated by taking the average of 8 quarters performance in 2003 and 2004 and adding 5% of the average to measure improvement.)		Monitored through PRR V-14: TPR has occurred or been filed when the child has been in Out-of-Home Care for 15 of the most recent 22 months, or compelling reasons are documented.			P-Dec 2006  A-
				28.1 Improve access to legal representation for CD.  Jim Harrison		28.1.a See P1.9.4.a 28.1.b See P1.9.4.b 28.1.c See P1.9.4.c 28.1.d See P1.9.4.d 28.1.e See P1.9.4.e 28.1.f See P1.9.4.f 28.1.g See P1.9.4.g 28.1.h See P1.9.4.h 28.1.i See P1.9.4.i		
				28.2 Strengthen worker/supervisor skills in engaging families in the assessment, case planning and case plan		28.2.a See S2.3.2.a 28.2.b See S2.3.2.b 28.2.c See S2.3.2.c 28.2.d See S2.3.2.d 28.2.e See S2.3.2.e		

Program Improvement Implementation								
1			2	3	4	5	6	7
Outcome or Systemic Factors and Item(s) Contributing to Non-Conformity			Goal/Negotiated Measure/Percent of Improvement	Action Steps	Method of Measurement	Benchmarks Toward Achieving Goal	Dates of Achievement	
							Benchmark	Goal
	A	N/A						
				review process to increase parent, caregiver (alternative care provider) and child involvement in case assessment, plan development and reassessment.  Kathryn Sapp		28.2.f See S2.3.2.f		
				28.3 Termination of Parental Rights will be filed in a timely manner, except when compelling reasons are documented.  Cindy Wilkinson		28.3.a See P1.9.1.a		
						28.3.b See P1.9.1.b		
						28.3.c See P1.9.1.c		
						28.3.d See P1.9.1.d		
						28.3.e See P1.9.1.e		
				28.4 Improve diligent search for relatives/parents  Bonnie Washeck		28.4.a See P1.6.2.a		
						28.4.b See P1.6.2.b		
						28.4.c See P1.6.2.c		
						28.4.d See P1.6.2.d		
				28.5 Collaborate with OSCA to amend 211.447 RSMo to ensure consistency w/ASFA requirements regarding filing of TPR petitions w/in 60 days of a judicial determination that the child is an abandoned infant, or that no Reasonable Efforts are required.  Fred Simmens	Draft proposal	28.5.a Proposal drafted.	P-Aug 05 A-	
						28.5.b Written proposal reviewed by OSCA and the Department.	P-Oct 05 A-	
					Meeting agenda	28.5.c Meetings held between OSCA and the Department of Social Services to finalize proposal.	P-Nov 05 A-	
					Draft legislation	28.5.d Advocated for proposed legislation.	P-Jun 06 A-	

Program Improvement Implementation								
1			2	3	4	5	6	7
Outcome or Systemic Factors and Item(s) Contributing to Non-Conformity			Goal/Negotiated Measure/Percent of Improvement	Action Steps	Method of Measurement	Benchmarks Toward Achieving Goal	Dates of Achievement	
							Benchmark	Goal
	A	N/A						
Item 29: Provides a process for foster parents, re-adoptive parents, and relative caregivers of children in foster care to be notified of, and have an opportunity to be heard in, any review or hearing held with respect to the child.		X		29.1 Increase ability of foster parents to be notified of and heard in court. Jim Harrison		29.1.a Implemented HB 1453.	P-Aug 04 A-Aug 04	
					Consumer survey	29.1.b Revised consumer surveys for foster parents, youth and bio parents to incorporate questions regarding notification of court hearings and opportunity to be heard in court.	P-Jun 05 A-	
						29.1.c Emphasized to staff the importance of including correct names and addresses in court reports.	P-Mar 05 A-Apr 05	
					Cross training curriculum	29.1.d Comprehensive Child Welfare Training completed with OSCA.	P-May 05 A-	
Item 30: Standards to assure quality services and ensure children's safety and health	X							
Item 31: Identifiable QA system that evaluates the quality of services and improvements	X							
Item 32: Provision of ongoing staff training that addresses the necessary skills and knowledge	X							
Item 33: Ongoing training for staff		X						
				33.1 Develop supervisory training for front line supervisors.		33.1.a Professional Development and Training collaborated with HRC for on-going supervisors training.	P-Feb 04 A-Feb 04	

Program Improvement Implementation								
1			2	3	4	5	6	7
Outcome or Systemic Factors and Item(s) Contributing to Non-Conformity			Goal/Negotiated Measure/Percent of Improvement	Action Steps	Method of Measurement	Benchmarks Toward Achieving Goal	Dates of Achievement	
							Benchmark	Goal
	A	N/A						
				Jeff Adams	Training agenda	33.1.b Implemented Module Four of the CPS Supervisor Training Project.	P-Mar 04 A-Apr 04	
					Training agenda	33.1.c Implemented Module Five of the CPS Supervisor Training Project.	P-Jul 04 A-Aug 04	
					Training agenda	33.1.d Implemented Module Six of the CPS Supervisor Training Project.	P-Oct 04 A-Nov 04	
					Debriefing report	33.1.e CPS Supervisor Training Project Debriefing.	P-Dec 04 A-Dec 04	
					List of trainings offered	33.1.f HRC supervisor administrative pre-service training began for CD supervisors.	P-Dec 04 A-Nov 04	
					Curriculum developed	33.1.g Professional Development and Training completed development of new supervisor training curriculum/structure including initial and on-going training.	P-July 05 A-	
						33.1.h Training curriculum reviewed and approved by CD management.	P-Aug 05 A-	
						33.1.i Professional Development and Training selected one rural and one metro field test site.	P-Aug 05 A-	
						33.1.j Professional Development and Training field tested curriculum in two test sites	P-Sep 05 A-	
					Evaluation report	33.1.k Professional Development and Training evaluated field test results	P-Jan 06 A-	
					Curriculum revised	33.1.l Professional Development and Training, revised curriculum based on evaluation	P-Jan 06 A-	
						33.1.m Professional Development and Training implemented curriculum statewide.	P-June 06 A-	
				33.2 Develop advanced in-service training module for investigations and	Curriculum developed	33.2.a Professional Development and Training developed advanced in-service curriculum for investigators and assessors.	P-Oct 04 A-Sept 04	

Program Improvement Implementation								
1			2	3	4	5	6	7
Outcome or Systemic Factors and Item(s) Contributing to Non-Conformity			Goal/Negotiated Measure/Percent of Improvement	Action Steps	Method of Measurement	Benchmarks Toward Achieving Goal	Dates of Achievement	
							Benchmark	Goal
	A	N/A						
				assessments		33.2.b CD administration approved advanced investigation and assessment in-service training module.	P-Nov 04	
				Jeff Adams	Training dates	33.2.c Professional Development and Training began training advanced investigation and assessment curriculum.	A-Sept 04 P-Jan 05	
					Curriculum revised	33.2.d Professional Development and Training evaluated advanced investigation and assessment training module and made revisions.	P-June 05 A-	
						33.2.e Professional Development and Training implemented revised investigation and assessment advanced in-service training statewide.	P-Jul 05 A-	
				33.3 Develop advanced in-service training module for Family-Centered Services	Workgroup participant list	33.3.a Professional Development and Training formed workgroup to develop Family-Centered Services advanced in-service training module.	P-Feb 04 A-Feb 04	
				Jeff Adams	Focus group report	33.3.b Professional Development and Training workgroup conducted focus groups for feedback on Family-Centered Service training needs.	P-Mar 04 A-Mar 04	
						33.3.c Professional Development and Training reviewed Family-Centered Service focus group feedback.	P-Mar 04 A-Mar 04	
					Curriculum developed	33.3.d Professional Development and Training developed advanced in-service curriculum for Family-Centered Services.	P-Aug 05 A-	
						33.3.e CD administration approved advanced Family-Centered Services in-service training module.	P-Aug 05 A-	
					Training dates	33.3.f Professional Development and Training began training advanced Family-Centered Services curriculum.	P-Sep 05 A-	



Program Improvement Implementation								
1			2	3	4	5	6	7
Outcome or Systemic Factors and Item(s) Contributing to Non-Conformity			Goal/Negotiated Measure/Percent of Improvement	Action Steps	Method of Measurement	Benchmarks Toward Achieving Goal	Dates of Achievement	
							Benchmark	Goal
	A	N/A						
					Curriculum revisions	33.3.g Professional Development and Training evaluated advanced Family-Centered Services training module and made revisions.	P-Mar 06 A-	
						33.3.h Professional Development and Training implemented revised Family-Centered Services advanced in-service training statewide.	P-Sep 06 A-	
			33.4 Develop advanced in-service training module for Family-Centered Out-of-Home Care Services  Jeff Adams		Workgroup participant list	33.4.a Professional Development and Training formed workgroup to develop Family- Centered Out-of-Home Care Services advanced in-service training module.	P-Jun 04 A-Jun 04	
					focus group report	33.4.b Professional Development and Training workgroup conducted focus groups for feedback on Family-Centered Out-of-Home Care Services training needs.	P-Jul 04 A-Jul 04	
						33.4.c Professional Development and Training reviewed Family- Centered Out-of-Home Care Services focus group feedback.	P-Jul 04 A-Jul 04	
					Curriculum developed and reviewed	33.4.d Professional Development and Training developed advanced in-service curriculum for Family-Centered Out-of-Home Care Services and reviewed by OSCA.	P-Oct 05 A-	
						33.4.e CD administration approved advanced Family- Centered Out-of-Home Care Services in-service training module.	P-Nov 05 A-	
					Training dates	33.4.f Professional Development and Training began training advanced Family- Centered Out-of-Home Care Services curriculum in one metro and one rural site.	P-Dec 05 A-	

Program Improvement Implementation								
1			2	3	4	5	6	7
Outcome or Systemic Factors and Item(s) Contributing to Non-Conformity			Goal/Negotiated Measure/Percent of Improvement	Action Steps	Method of Measurement	Benchmarks Toward Achieving Goal	Dates of Achievement	
							Benchmark	Goal
	A	N/A						
					Curriculum revision	33.4.g Professional Development and Training evaluated advanced Family-Centered Out-of-Home Care Services training module and made revisions.	P-Mar 06 A-	
						33.4.h Professional Development and Training implemented revised Family-Centered Out-of-Home Care Services advanced in-service training statewide.	P-May 06 A-	
				33.5 Enhanced On-The-Job (OJT) Training  Jeff Adams	Workgroup participant list	33.5.a Professional Development and Training and Children's Services Specialist formed OJT workgroup.	P-Mar 04 A-Mar 04	
					Evaluation tools developed	33.5.b Workgroup developed new evaluation tools for OJT activities.	P-Mar 05 A-Mar 05	
						33.5.c Children's Services Specialists provided enhanced OJT in field and served as clinical mentors/trainers for OJT.	P-June 05 A-	
				33.6 Create training advisory Committee to annually assess needs and evaluate training  Jeff Adams	Advisory Committee participant list	33.6.a Professional Development and Training created state training advisory committee, including schools of social work.	P-Mar 05 A-Apr 05	
					Mission statement	33.6.b Advisory committee developed a mission statement.	P-Apr 05 A-Pending	
					Written assessment plan	33.6.c Advisory Committee developed a written plan for assessing training needs	P-May 05 A-	
					Written evaluation plan	33.6.d Advisory Committee developed a written plan for evaluating training needs	P-May 05 A-	
						33.6.e Plan submitted to CD administrators for approval	P-Jul 05 A-	
				33.7 Develop Child Abuse and Neglect Training (CA/N) Institute for CD staff	Committee participant list	33.7.a CA/N Training Institute Planning Partnership committee met to finalize topics and session content for upcoming three CA/N Training Institutes	P-Jan 04 A-Jan 04	

Program Improvement Implementation								
1			2	3	4	5	6	7
Outcome or Systemic Factors and Item(s) Contributing to Non-Conformity			Goal/Negotiated Measure/Percent of Improvement	Action Steps	Method of Measurement	Benchmarks Toward Achieving Goal	Dates of Achievement	
							Benchmark	Goal
	A	N/A						
				Cindy Wilkinson	Training agenda	33.7.b Held first CA/N Training Institute Session	P-Apr 04 A-Jun 04	
					Training agenda	33.7.c Held second CA/N Training Institute	P-Nov 04 A-Nov 04	
					Training agenda	33.7.d Held third CA/N Training Institute	P-Feb 05 A-Feb 05	
				33.8 Provide training based on circuit specific needs  Cindy Wilkinson	Circuit Self-Assessments	33.8.a Circuits completed Circuit Self-Assessments	P-Aug 04 A-Aug 04	
						33.8.b Circuits notified Professional Development and Training Unit of targeted training needs	P-Nov 04 A-Nov 04	
						33.8.c Professional Development and Training Unit to began providing targeted training to circuits based on identified need	P-Jan 05 A-Jan 05	
Item 34: Provision of training for caregivers and adoptive parents that parents addresses the necessary skills and knowledge	X							
Item 35: Service array		X						
				35.1 Increase access and availability to dental services  Bonnie Washeck		35.1.a See WB3.22.1.a		
						35.1.b See WB3.22.1.b		
						35.1.c See WB3.22.1.c		
						35.1.d SeeWB3.22.1.d		
						35.1.e SeeWB3.22.1.e		
				35.2 Increase the ability of staff and families to access Alcohol and Drug Abuse Services (ADA)	Curriculum developed	35.2.a Professional Development and Training developed Family Drug and Safety Training based in focus group information	P-Jan 04 A-Jan 04	
					Training agenda and date	35.2.b Presented Drug training to focus group	P-Feb 04 A-Feb 04	

Program Improvement Implementation								
1			2	3	4	5	6	7
Outcome or Systemic Factors and Item(s) Contributing to Non-Conformity			Goal/Negotiated Measure/Percent of Improvement	Action Steps	Method of Measurement	Benchmarks Toward Achieving Goal	Dates of Achievement	
							Benchmark	Goal
	A	N/A						
				Jeff Adams	Field test training	35.2.c Field tested drug training in Southwest region	P-Jun 04 A-Jun 04	
					Training agenda	35.2.d Second field test conducted in Jefferson County	P-Nov 04 A-Nov 04	
					Curriculum revised	35.2.e Curriculum revised to reflect recommendations during field test, including target audiences and how many staff	P-Apr 05 A-Apr 05	
					Training dates and sites	35.2.f Completed three additional Family, Drugs and Safety trainings across the state.	P-June 06 A-	
				35.3 Increase availability of specialized foster homes for older youth, siblings, disabled and medically fragile children.  Cindy Wilkinson		35.3.a See P1.6.5.a		
						35.3.b See P1.6.5.b		
						35.3.c See P1.6.5.c		
						35.3.d See P1.6.5.d		
						35.3.e See P1.6.5.e		
				35.4 Increase availability of and access to parenting classes and family/parent aide services.  Bonnie Washeck	Circuit self-assessment	35.4.a Through circuit self-assessment, determined available parenting classes and family/parent aide services	P-Mar 05 A-Aug 04	
					CTS contracts	35.4.b Developed performance based CTS contracts for family/parent aide and parenting class service	P-Feb 06 A-	
				35.5 Increase services to meet the needs of non-English speaking consumers. Kathryn Sapp	Circuit self-assessments	35.5.a Through circuit self-assessment, determined available interpretive services for non-English speaking clients	P-Mar 05 A-Aug 04	
					Recruitment plans	35.5.b Developed recruitment plan for multi/bilingual staff in circuits with identified need	P-May 05 A-	

Program Improvement Implementation								
1			2	3	4	5	6	7
Outcome or Systemic Factors and Item(s) Contributing to Non-Conformity			Goal/Negotiated Measure/Percent of Improvement	Action Steps	Method of Measurement	Benchmarks Toward Achieving Goal	Dates of Achievement	
							Benchmark	Goal
	A	N/A						
					Forms translated	35.5.c Made CD forms available in other languages (Spanish to accommodate growing Hispanic population)	P-Dec 05 A-	
				35.6 Increase availability of transportation services.  Bonnie Washeck	Circuit self-assessment	35.6.a Available transportation services determined through circuit self-assessment.	P-Mar 05 A-Aug 04	
						35.6.b Recruited regional service organizations to provide transportation services.	P-May 05 A-	
					CTS contracts	35.6.c Issued state-wide transportation contracts.	P-Mar 06 A-	
Item 36: The services in item 35 are accessible to families and children in all political jurisdictions covered in the State's CFSP.		X						
				See Item 35, 1-6				
Item 37: The services in item 35 can be individualized to meet the unique needs of children and families served by the agency.		X						
				37.1 Increase access to existing services		See Item 35 1-6		
				37.2 Strengthen worker/supervisor skills in engaging families in the assessment, case		37.2.a See S2.3.2.a		
						37.2.b See S2.3.2.b		
						37.2.c See S2.3.2.c		
						37.2.d See S2.3.2.d		

Program Improvement Implementation								
1			2	3	4	5	6	7
Outcome or Systemic Factors and Item(s) Contributing to Non-Conformity			Goal/Negotiated Measure/Percent of Improvement	Action Steps	Method of Measurement	Benchmarks Toward Achieving Goal	Dates of Achievement	
							Benchmark	Goal
	A	N/A						
				planning and case plan review process to increase parent, caregiver (alternative care provider) and child involvement in case assessment, plan development and reassessment.  Kathryn Sapp		37.2.e See S2.3.2.e 37.2.f See S2.3.2.f		
Item 38: Engages in ongoing consultation with critical stakeholders in developing the CFSP	X							
Item 39: Develops annual progress reports in consultation with stakeholders	X							
Item 40: Coordinates services with other federal programs	X							
Item 41: Standards for foster family and child care institutions	X							
Item 42: Standards are applied equally to all foster family and child care institutions	X							
Item 43: Conducts necessary criminal background checks.	X							

Program Improvement Implementation								
1			2	3	4	5	6	7
Outcome or Systemic Factors and Item(s) Contributing to Non-Conformity			Goal/Negotiated Measure/Percent of Improvement	Action Steps	Method of Measurement	Benchmarks Toward Achieving Goal	Dates of Achievement	
							Benchmark	Goal
	A	N/A						
Item 44: Diligent recruitment of foster and adoptive families that reflect children's racial and ethnic diversity.		X						
				44.1 Increase the number of resource families.  Cindy Wilkinson		44.1.a See P1.6.5.a		
						44.1.b See P1.6.5.b		
						44.1.c See P1.6.5.c		
						44.1.d See P1.6.5.d		
						44.1.e See P1.6.5.e		
						44.1.f See P 2.12.3.a		
						44.1.g See P 2.12.3.b		
						44.1.h See P 2.12.3.c		
						44.1.i See P 2.12.3.d		
						44.1.j See P 2.12.3.e		
Item 45: Uses cross-jurisdictional resources to find placements	X							

**Children's Bureau  
Child and Family Services Reviews  
IV. Program Improvement Plan Matrix (PIP Matrix)**

State: Missouri

ACF Regional Office:

State contact and telephone: Lee Temmen, 573-526-3735    ☐ Region I    ☐ Region IV    ☒ Region VII    ☐ Region X

ACF Contact and telephone: Ann Burds, 816 426-2260    ☐ Region II    ☐ Region V    ☐ Region VIII

Date and quarter submitted: August 30, 2005 Second Quarter    ☐ Region III    ☐ Region VI    ☐ Region IX

A = Achieved

N/A = Not Achieved

Program Improvement Implementation								
1			2	3	4	5	6	7
Outcome or Systemic Factors and Item(s) Contributing to Non-Conformity			Goal/Negotiated Measure/Percent of Improvement	Action Steps	Method of Measurement	Benchmarks Toward Achieving Goal	Dates of Achievement	
							Benchmark	Goal
	A	N/A						
<b>Safety Outcome S1: .</b>								
<b>Item 1:</b> Timeliness of initiating investigations of reports of child maltreatment		X	Baseline 76.6% (derived from average of 8 quarters in FY 2003 and 2004)  2nd Quarter performance = 77.4%  Goal 80.4% (Goal established is calculated by taking the average of 8 quarters performance in 2003 and 2004 and adding 5% of the average to measure improvement. Progress to be tracked quarterly over two year period		Monitored through CD Outcomes Report Outcome #1: Improve timeliness of initial child contact.			Projected-Dec 2006  Actual-



Program Improvement Implementation								
1			2	3	4	5	6	7
Outcome or Systemic Factors and Item(s) Contributing to Non-Conformity			Goal/Negotiated Measure/Percent of Improvement	Action Steps	Method of Measurement	Benchmarks Toward Achieving Goal	Dates of Achievement	
							Benchmark	Goal
	A	N/A						
			from CD Outcomes Report).					
				S1.1.1 Clarify policy regarding timeliness of initiating reports of child maltreatment.  Kathryn Sapp		S1.1.1.a Refined definition of “initiating” reports.	P-Mar 05 Actual-Mar 05	
						S1.1.1.b Policy clarified regarding multi disciplinary team contact.	P- Mar 05 A-Mar 05	
						S1.1.1.c Policy clarified regarding face-to-face contact and determining safety of the child.	P-Mar 05 A-Mar 05	
					Policy issuance	S1.1.1.d Policy disseminated to all CD staff.	P-Mar 05 A-May 05	
				S1.1.2 Increase accuracy of data regarding initial contact.  Kathryn Sapp Susan Savage		S1.1.2.a Data system entry guidelines clarified for “initial contact”.	P-Aug 05 A-	
						S1.1.2.b As determined, if needed by policy clarification, additional systems entry codes developed to capture accurate data.	P-Feb 06 A-	
					PRR revised	S1.1.2.c Revised Peer Record review questions to assess accuracy of coding.	P-Sept 05 A-	
					Quarterly PRR results	S1.1.2.d Circuit Managers and the assisting QA specialists monitor quarterly Peer Record results and make recommendations for improvements.	P-Ongoing A-Ongoing A-Ongoing quarterly	
				S1.1.3 Study feasibility for alternative protocols for managing non CA/N referrals  Virginia Lewis-Brunk	Demographic data	S1.1.3.a CD/FSD assessed demographics for non CA/N referrals.	P-Apr 04 A-Apr 04	
					Protocol written	S1.1.3.b Protocol written for screening and assigning non CA/N referrals for test sites in Jackson, Clay and Platte Counties.	P-May 04 A-May 04	
					Training agenda	S1.1.3.c Training provided to CD/FSD workers and supervisors regarding new protocol for testing.	P-May 04 A-May 04	

Program Improvement Implementation								
1			2	3	4	5	6	7
Outcome or Systemic Factors and Item(s) Contributing to Non-Conformity			Goal/Negotiated Measure/Percent of Improvement	Action Steps	Method of Measurement	Benchmarks Toward Achieving Goal	Dates of Achievement	
							Benchmark	Goal
	A	N/A						
						S1.1.3.d Launched a non CA/N referral alternate response process in Jackson, Clay and Platte Counties.	P-Jul 04 A-Jul 04	
					Pilot data	S1.1.3.e Convened workgroup to evaluate CD/FSD pilot for non CA/N referrals.	P-Jan 05 A-Jan 05	
					Recommendations report	S1.1.3.f Workgroup to provide recommendations for modifications of non CA/N referral protocol and test sites continuations.	P-Apr 05 A-Apr 05	
					Recommendation Plan	S1.1.3.g Recommendation plans finalized.	P-Jun 05 A-Jun 05	
					Implementation plan	S1.1.3.h Implementation plans finalized to implement in target areas.	P-Aug 05 A- Pending	
				S1.1.4 Develop improvement plan to respond timely to reports of maltreatment  Kathryn Sapp	Circuit self-assessments	S1.1.4.a Circuit level assessment to evaluate CA/N response completed.	P-Oct 04 A-Aug 04	
					Established protocol	S1.1.4.b Local protocol for CA/N response established.	P-Mar 05 A-Mar 05	
					Implemented protocol	S1.1.4.c Implemented local protocol for improvement of maltreatment.	P-Apr 05 A-Apr 05	
						S1.1.4.d Monitored the improved timeliness of initial child contact.	P-Jul 05 A-Jul 05	
				S1.1.5 Call Management and Structured Decision Making (SDM) Protocols Implemented at the Child Abuse and Neglect Hotline Unit (CA/N HU) to provide consistent screening and classification of calls received.  Charlotte Gooch	Protocols developed	S1.1.5.a Began development of SDM and Call Management protocols for CA/N HU.	P-Dec 03 A- Dec 03	
						S1.1.5.b Incorporated SDM and Call management protocols into CA/N HU process.	P-Apr 04 A-Apr 04	
					Training agenda	S1.1.5.c Remaining CA/N HU staff trained on protocols and using call management system.	P-Aug 04 A-Aug 04	
					CA/N HU Supervisory Review Tool developed	S1.1.5.d CA/N HU Supervisory Review tool developed to assess quality.	P-Sept 05 A-	
						S1.1.5.e CA/N Hotline protocols automated.	P-Sept 05 A-	

Program Improvement Implementation								
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Outcome or Systemic Factors and Item(s) Contributing to Non-Conformity			Goal/Negotiated Measure/Percent of Improvement	Action Steps	Method of Measurement	Benchmarks Toward Achieving Goal	Dates of Achievement	
							Benchmark	Goal
	A	N/A						
					PRR revision	S1.1.5.f Added CA/N HU section to the Peer Record Review tool.	P-Sept 05 A-	
					PRR tool analysis. On going data collected and reviewed quarterly.	S1.1.5.g Collected and analyzed PRR tool results for practice enhancements. Analysis.	P-Jan 2006 Ongoing Quarterly A-	
<b>Item 2: Repeat maltreatment</b>  <b>Recurrence of Maltreatment:</b>  Of all children who were victims of a substantiated or indicated maltreatment report in the first six months of the fiscal year, what percent were victims of another substantiated or indicated report within a 6 month period		X	CA/N Recidivism Nat'l Standard 6.1 % or less MO FFY 2003 NCANDS  Baseline 8.3%  NCANDS Goal 7.4% (Based on Federal formula for goal setting  2 <sup>nd</sup> quarter performance based on quarterly Outcome Report 5.8% not NCANDS. NCANDS data not available quarterly.					P-Dec 2006  A-
				S1.2.1 Ensure consistent and accurate completion of SDM safety and risk assessment.  Kathryn Sapp Cindy Wilkinson	PRR revision	S1.2.1.a Incorporated SDM safety and risk assessment questions into Peer Record Review Tool.	P-Jan 04  A-Feb 04	
					Training curriculum	S1.2.1.b Modified BASIC training curriculum and ongoing training curriculum based on PRR results.	P-Feb 04  A-Mar 04	
					Training agenda	S1.2.1.c Conducted initial in-service training with CD and court staff.	P-Jun 04 A-Jun 04	

Program Improvement Implementation								
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Outcome or Systemic Factors and Item(s) Contributing to Non-Conformity			Goal/Negotiated Measure/Percent of Improvement	Action Steps	Method of Measurement	Benchmarks Toward Achieving Goal	Dates of Achievement	
							Benchmark	Goal
	A	N/A						
					Evaluation Report	S1.2.1.d Evaluated SDM Peer Record Review Outcomes.	P & A-On-going & quarterly	
					In-service training agenda	S1.2.1.e Convene workgroup to finalize SDM review tool and instruction to field.	P-Feb 05 A-Dec 04	
						S1.2.1.f Instruct field staff to review 10% of cases using SDM review tool.	P-Apr 05 A-Apr 05	
						S1.2.1.g Evaluate results of review, identify circuits whose needs are more imminent for the training.	P-Jul 05 A-Jul 05	
						S1.2.1.h As needed, provided training to circuits identified with imminent need.	P-Sep 05 ongoing A-	
<b>Incidence of Child Abuse and/or Neglect in Foster Care:</b>  Of all children who were in foster care during the reporting period of the fiscal year, what percent experienced maltreatment from foster parents or facility staff members?			CA/N in AC Nat'l Standard 0.57% or less  MO FFY 2003 NCANDS Baseline 0.37%  <b>Goal Achieved</b>					P-Dec 2006  A-
				S1.2.2 Implementation of "Confirming Safe Environments" (CSE) process.	Training agenda	S1.2.2.a All staff trained in CSE process in test sites of Pettis, Cooper, and Greene.	P-Jul 04 A-Jul 04	
					Training agenda	S1.2.2.b Trained one Out-of-Home Unit on CSE in St. Louis City.	P-Jul 04 A-Jul 04	

Program Improvement Implementation								
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Outcome or Systemic Factors and Item(s) Contributing to Non-Conformity			Goal/Negotiated Measure/Percent of Improvement	Action Steps	Method of Measurement	Benchmarks Toward Achieving Goal	Dates of Achievement	
							Benchmark	Goal
	A	N/A						
				Susan Savage		S1.2.2.c In-house expertise developed for training	P-Dec 04 A-Dec 04	
					Evaluation report	S1.2.2.d Central Office staff summarized test site implementation in Pettis, Cooper and Greene for Child Protection	P-Mar 05  A-Mar 05	
					Modified curriculum	S1.2.2.e Strengths in summary and CSE curriculum identified by statewide committee.	P-Aug 05 A-	
					Submission of expansion and training plan	S1.2.2.f Strengths in summary and CSE curriculum incorporated into policy and practice through policy memo and localized training.	P-Jan 06  A-	
				S1.2.3 Strengthen policy regarding assessment of safety at and throughout placement.	Policy developed	S1.2.3.a Developed policy regarding assessment of safety at and throughout placement.	P-May 05  A-Pending	
					Policy disseminated	S1.2.3.b Disseminate policy and monitor through on going circuit self-assessments, PRR and supervisory oversight.	P-June 05  A-Pending	
				S1.2.4 Practice Enhancement Teams (PET) assist Circuit Managers in development of improvement strategies to reduce repeat maltreatment and CA/N in foster care.		S1.2.4.a Developed PET roles and responsibilities.	P-Feb 05 A-Feb 05	
					Organizational Chart	S1.2.4.b PET teams developed.	P-Mar 05 A-Mar 05	
					Current data on repeat maltreatment	S1.2.4.c Convened PET teams to review Circuit Self-Assessments in the areas of repeat maltreatment and CA/N in foster care.	P-Apr 05  A-Apr 05	
				Bonnie Washeck	List of strategies –	S1.2.4.d PET teams and Circuit Managers developed improvement strategies.	P-May 05  A-Jul 05	
					Program improvement plans developed	S1.2.4.e Program improvement plans implemented by Circuit Managers and staff.	P-Aug 05  A-	

Program Improvement Implementation								
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Outcome or Systemic Factors and Item(s) Contributing to Non-Conformity			Goal/Negotiated Measure/Percent of Improvement	Action Steps	Method of Measurement	Benchmarks Toward Achieving Goal	Dates of Achievement	
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	A	N/A						
				S1.2.5. Strengthen policy and practice relating to chronic neglect and accumulation of harm.  Kathryn Sapp	Analysis report	S1.2.5.a Statewide analysis of families with multiple reports completed by CD and Institute of Applied Research (IAR).	P-June 04 A-Feb 04	
					Waiver application	S1.2.5.b Submit revised Title IV-E waiver application for Chronic Neglect pilot.	P-Jan 05 A-May 05	
					Training curriculum	S1.2.5.c Training Curriculum for pilot sites developed regardless of waiver outcome.	P-July 05 A-Jun 05	
						S1.2.5.d System enhancements for tracking/monitoring developed.	P-Jul 05 A-Pending	
						S1.2.5.e Three pilot sites selected (Jasper, Jefferson and Randolph counties) based on negotiations with Federal partners.	P-July 05 A-Jun 05	
					Training agenda	S1.2.5.f Pilot sites trained by FCS consultants.	P-Jul 05 A-Jun 05	
						S1.2.5.g Initiated pilots.	P-Aug 05 A-	
					Evaluation report	S1.2.5.h University of Missouri evaluated effectiveness of pilot sites based on waiver approval.	P-Feb 06 A-	
					Outcome data	S1.2.5.i Based on results determined statewide applicability.	P-Mar 06 A-	
					Expansion plan developed	S1.2.5.j Developed state expansion plan.	P-Apr 06 A-	
						S1.2.5.k Expansion sites initiated.	P-Sept 06 A-	
				S1.2.6 Develop performance-based contract for foster parents  Bonnie Washeck	Licensing rules	S1.2.6.a Incorporated HB 1453 legislation regarding the Professional Family Development Plan (PFDP) into Licensing rules.	P-May 05 A-May 05	
						S1.2.6.b Identified the performance based criteria required for the PFDP.	P-Aug 05 ongoing A-	

Program Improvement Implementation								
1			2	3	4	5	6	7
Outcome or Systemic Factors and Item(s) Contributing to Non-Conformity			Goal/Negotiated Measure/Percent of Improvement	Action Steps	Method of Measurement	Benchmarks Toward Achieving Goal	Dates of Achievement	
							Benchmark	Goal
	A	N/A						
						S1.2.6.c Informed foster parents of PFDP criteria at assessment and reassessment	P-Aug 05 ongoing A-	
					Memo	S1.2.6.d Identify plan to inform CD staff of new requirements for foster parents.	P-Nov 05 A-	
					Training agenda	S1.2.6.e Trained CD staff on PFDP and how to assist family in developing and implementing the plan.	P-Feb 06 A-	
						S1.2.6.f Identified resources for foster families to use to successfully implement PFDP.	P-Mar 06 A-	
						S1.2.6.g Initiated PFDP for all new and reassessed foster parents.	P-May 06 A-	
<b>Safety Outcome S2:</b>								
<b>Item 3:</b> Services to family to protect child(ren) in home and prevent removal		X	Baseline 80.4%  2nd quarter PRR results = 81.3%  Goal 84.4% (Goal established is calculated by taking the average of 8 quarters performance in 2003 and 2004 and adding 5% of the average to measure improvement.)		Peer Record Review (PRR) IV-15 Rating of the overall quality of the service plan and service delivery			P-Dec 2006  A-
				S2.3.1 Improve family assessment and case plan tools to better link service provision to the needs of the family identified in the initial	Draft of CD-14	S2.3.1.a CD-14 family assessment tool field test initiated in Circuit 2.	P-Sep 04 A-Sep 04	
						S2.3.1.b CD-14 family assessment tool field test expanded to other sites.	P-May 05 A-Feb 05	
					Evaluation report	S2.3.1.c Results of field test evaluated and analyzed by staff and work group.	P-Jun 05 A-Mar 05	

Program Improvement Implementation								
1			2	3	4	5	6	7
Outcome or Systemic Factors and Item(s) Contributing to Non-Conformity			Goal/Negotiated Measure/Percent of Improvement	Action Steps	Method of Measurement	Benchmarks Toward Achieving Goal	Dates of Achievement	
							Benchmark	Goal
	A	N/A						
				and ongoing assessments; include a mechanism for family self-assessment and identified areas <b>specifically</b> related to child safety and risk concerns (to be completed concurrently with S2.3.2)  Kathryn Sapp	Revised CD-14	S2.3.1.d Revised CD-14 as needed.	P-Jul 05 A-Apr 05	
						S2.3.1.e Recommendations regarding changes made.	P & A On-going	
					Policy issuance	S2.3.1.f Policy issued with new documents and instructions.	P-Oct 05 A-	
					Training	S2.3.1.g Training of existing staff completed.	P-Jan 06 A-	
						S2.3.1.h Incorporated changes into BASIC training.	P-Jan 06 A-	
				S2.3.2 Strengthen worker/supervisor skills in engaging families in the assessment, case planning and case plan review process to increase parent, caregiver (alternative care provider) and child involvement in case assessment, plan development and reassessment.  Bonnie Washeck		S2.3.2.a Conducted focus groups (workers, supervisors, circuit managers and consumers) in four circuits (circuits 1, 2, 10, 41) to identify clinical support needs.	P-Aug 04  A-Aug 04	
					Supplemental Supervisory Training	S2.3.2.b Focus group results compiled and used for supplemental supervisory training.	P-Oct 04  A-Oct 04	
					Training curriculum developed and began	S2.3.2.c Training curriculum developed and supplemental FST training began.	P-Feb 05  A-Feb 05	
						S2.3.2.d Up to twenty sessions of Supplemental Supervisory training for all Supervisor I's began.	P-Feb 05 A-Mar 05	
					Training agenda and summary of feedback	S2.3.2.e Training provided for existing staff and feedback solicited from trainees on training.	P-Oct 05 A-	
					Survey results and circuit improvement plans	S2.3.2.f PET teams annually analyzed family satisfaction survey data and PDR results for improvement with the expectation that circuits develop methods to improve.	P-Nov 05 annually A-	



Program Improvement Implementation								
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							Benchmark	Goal
	A	N/A						
				S2.3.3 Improve supervisory capacity to monitor enhanced practice relating to case planning.  Susan Savage		S2.3.3.a Reviewed existing supervisory case review tools.	P-May 05 A-May 05	
					Draft of tool	S2.3.3.b Created draft standardized supervisory case review tool.	P-June 05 A-Pending	
						S2.3.3.c Supervisory case review tool field tested by selected supervisors.	P-Sept 05 A-	
					Feedback summary	S2.3.3.d Feedback from field testing reviewed by review team.	P-Jan 06 A-	
					Tool revision	S2.3.3.e Supervisory case review tool revised as needed.	P-Jan 06 A-	
					Protocol established and manual revision	S2.3.3.f Protocol for supervisory case review established and manual revisions made.	P-Jan 06 A-	
						S2.3.3.g System automation completed for supervisory case review tool.	P-Feb 06 A-	
					Policy disseminated and implemented	S2.3.3.h Supervisory case review tool and protocols approved and distributed for statewide use.	P-Feb 06 A-	
				S2.3.4 Establish procedures to access various service funding streams. Bonnie Washeck		S2.3.4.a Developed service access funding grid and guidelines.	P-Aug 05 A-	
					Guidelines distributed	S2.3.4.b Distributed service access funding grid and guidelines to all staff.	P-Sept 05 A-	
				S2.3.5. Per new legislation, develop state comprehensive children's mental health plan to increase level of cooperation between court, mental health, child welfare and families.  Jim Harrison		S2.3.5.a Barriers identified for children needing mental health services.	P-Jan 05 A-Jan 05	
						S2.3.5.b Funding mechanisms established for providing mental health services.	P-Jan 05 A-Jan 05	
					Coordination plan	S2.3.5.c Plan developed for coordination of resources from multiple agencies.	P-Jan 05 A-Jan 05	
						S2.3.5.d Evaluation methodology established.	P-Jan 05 A-Jan 05	
					Report submission	S2.3.5.e Report with recommendations submitted to legislators and governor.	P-Jan 05 A-Jan 05	

Program Improvement Implementation								
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							Benchmark	Goal
	A	N/A						
Item 4: Risk of harm to child(ren)		X	Baseline 89.4%  2nd quarter PRR results = 90.9 % exceeds goal.  Goal 90.3% (Goal established is calculated by taking the average of 8 quarters performance in 2003 and 2004 and adding 1% of the average to measure improvement.)		PRR IV-13 Services being provided to the family are adequate to meet their needs as identified in the assessment.			P-Dec 2006  A-
				S2.4.1 Ensure consistent and accurate completion of SDM safety and risk assessment.  Cindy Wilkinson	SDM Review Tool	S2.4.1.a See S1.2.1.a S2.4.1.b See S1.2.1.b S2.4.1.c See S1.2.1.c S2.4.1.d See S1.2.1.d S2.4.1.e See S1.2.1.e S2.4.1.f See S1.2.1.f S2.4.1.g See S1.2.1.g		
				S2.4.2 Implementation of “Confirming Safe Environments” process.  Susan Savage		S2.4.2.a See to S1.2.2.a S2.4.2.b See to S1.2.2.b S2.4.2.c See to S1.2.2.c S2.4.2.d See to S1.2.2.d S2.4.2.e See to S1.2.2.e S2.4.2.f See to S1.2.2.f S2.4.2.g See to S1.2.2.g		
				S2.4.3 Implement enhanced background screening for	Policy disseminated	S2.4.3.a Policy for enhanced background screening implemented statewide.	P-Aug 04  A-Aug 04	

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							Benchmark	Goal
	A	N/A						
				foster/kinship and court ordered providers.  Cindy Wilkinson		S2.4.3.b Policy updates and supervisory consultations with existing staff.	P-Aug 04 ongoing A-Aug 04 ongoing	
						S2.4.3.c Incorporated enhanced background screening into on-going STARS and BASIC training.	P-Nov 04 A-Nov 04	
				S2.4.4 Development of “Culture of Care Initiative” for improving safety and nurturance of children in a residential care setting.  Fred Proebsting	Committee member list	S2.4.4.a Work committees formed with volunteers from residential sites to develop curriculum.	P-Jan 04 A-Jan 04	
					Curriculum	S2.4.4.b Curriculum Drafted.	P-Mar 04 A-Mar 04	
						S2.4.4.c Curriculum approved by CD administration.	P-May 04 A-May 04	
						S2.4.4.d Roundtables held with CEO’s to discuss curriculum.	P-Jul 04 A-Jul 04	
					Training agenda	S2.4.4.e NRC Train-the-Trainers session held/2 days in KC and St. Louis for residential licensed providers.	P-Aug 04 A-Aug 04	
						S2.4.4.f Measured through a reduction of the number of preponderance of evidence reports received by the residential treatment facilities.	P-Ongoing A-Ongoing	
				S2.4.5 Improve family assessment and case plan tools to better link service provision to the needs of the family identified in the initial and ongoing assessments; include a mechanism for family self-assessment and identified areas		S2.4.5.a See S2.3.1.a		
						S2.4.5.b See S2.3.1.b		
						S2.4.5.c See S2.3.1.c		
						S2.4.5.d See S2.3.1.d		
						S2.4.5.e See S2.3.1.e		
						S2.4.5.f See S2.3.1.f		
						S2.4.5.g See S2.3.1.g		

Program Improvement Implementation								
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							Benchmark	Goal
	A	N/A						
				specifically related to child safety and risk concerns.		S2.4.5.h See S2.3.1.h		
<b>Permanency Outcome 1</b>		X						
<b>Item 5</b>	X		Passed CFSR On-site review and 2002 AFCARS					
<b>Item 6:</b> Stability of foster care placement		X	Stability in foster care. Nat'l Standard 86.7% or more  2nd quarter performance based on quarterly outcomes report = 74.3 not AFCARS formula. AFCARS data not available. MO FFY 2003 78.6% AFCARS Goal 80.5% (Based on Federal formula for goal setting)					P-Dec 2006  A-
				P1.6.1 Increase system capacity to accurately track placement kinship vendor types.  Lesley Pettit		P1.6.1.a Logic created to track additional placement types 1) Kin, Related, Not licensed 2) Kin, Non-related, Not licensed 3) Kin, Non-related, Licensed.	P-Mar 05  A-Feb 05	
						P1.6.1.b Coding changes in Legacy completed.	P-May 05 A-May 05	
					Policy disseminated	P1.6.1.c Policy updated and distributed to CD staff.	P-Aug 05 A-	
					Data converted	P1.6.1.d Staff will convert existing data to reflect accurate placement types.	P-Dec 05 A-	

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							Benchmark	Goal
	A	N/A						
					Quarterly Outcome Report	P1.6.1.e Coding changes to be reflected in Quarterly Outcome Report.	P-Apr 06 A-	
				P1.6.2 Improve diligent search for relatives/missing parents.  Bonnie Washeck		P1.6.2.a Potential explored for CD staff to access existing diligent search mechanisms.	P-Jul 04  A-Jul 04	
					Procedure disseminated	P1.6.2.b Diligent search procedure developed, distributed, and monitored through supervisory oversight.	P-Aug 04  A-Aug 04	
						P1.6.2.c Established agreements, as necessary, with other state agencies (possibly through Family Support Division and OSCA) to enhance access to state databases as mechanisms for diligent search.	P-Mar 05  A-Apr 05	
					Quarterly outcome reports	P1.6.2.d CD staff utilize enhanced diligent search mechanism and monitored through supervisory oversight.	P-Apr 05  A-Apr 05	
				P1.6.3 Expand use of family support team meetings to promote stability in alternative care placements  Kathryn Sapp Cindy Wilkinson	Plan disseminated	P1.6.3.a Plan written and disseminated for HB 1453 requirement of a FST prior to or immediately after an impending move.	P-Aug 04  A-Aug 04	
						P1.6.3.b Made ACTS system changes to track FSTs held prior to or immediately after a move.	P-Aug 04  A-Aug 04	
						P1.6.3.c Central Office staff provided training to regional staff on HB 1453 requirements	P-Aug 04  A-Aug 04	
						P1.6.3.d Regional staff provided localized training to existing staff on HB 1453 requirement	P-Sep 04  A-Sep 04	
						P1.6.3.e Policy incorporated into BASIC training.	P-Dec 04  A-Dec 04	
					PRR	P1.6.3.f Updated PRR to assure pre-placement FSTs.	P-Feb 05 A-Mar 05	

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							Benchmark	Goal
	A	N/A						
				P1.6.4 Identify resource family types and shortages	Circuit data	P1.6.4.a Resource and recruitment contractors worked with circuits to determine resource family needs.	P-Mar 05	
				Cindy Wilkinson	Circuit management plan	P1.6.4.b Recruitment plan targeting resource families written into a circuit management plan to address identified need.	A-Apr 05	
				P1.6.5 Increase number of resource families  Cindy Wilkinson	Recruitment and retention plan developed	P1.6.5.a Recruitment and retention plan for foster home serving older youth implemented through Chafee program.	P-May 05	
					Adopt US Kids campaign	P1.6.5.b Implemented Adopt US Kids campaign.	A-Jul 05	
					Request for Proposal	P1.6.5.c RFP written for performance based resource development contracts included the need for recruitment of resource homes to match our special needs population.	P-Jun 04	
					Award letters	P1.6.5.d Awarded recruitment and resource development contracts.	A-Jun 04	
					Circuit data	P1.6.5.e Resource and recruitment contractors worked with circuits to determine resource family needs.	P-Jul 04 A-Jul 04	
				P1.6.6 Increase placement stability by improving matching capabilities for children in out-of-home settings.  Cindy Wilkinson		P1.6.5.c RFP written for performance based resource development contracts included the need for recruitment of resource homes to match our special needs population.	P-Dec 04	
						P1.6.5.d Awarded recruitment and resource development contracts.	A-Sept 04	
						P1.6.5.e Resource and recruitment contractors worked with circuits to determine resource family needs.	P-Mar 05 A-Jun 05	
						P1.6.5.e Resource and recruitment contractors worked with circuits to determine resource family needs.	P-Apr 05 A-Apr 05	
				P1.6.6 Increase placement stability by improving matching capabilities for children in out-of-home settings.  Cindy Wilkinson		P1.6.6.a Consulted with the National Resource Center for Family Centered Practice and Permanency Planning regarding "critical" factors in placement stability.	P-Mar 06	
					Survey results	P1.6.6.b Surveyed resource families to gather information regarding placement stability.	A-	
						P1.6.6.c Developed a placement matching tool designed for use in team decision making.	P-May 06	
					Matching tool developed disseminated	P1.6.6.d Tool disseminated with instructions.	A-	

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	A	N/A						
						P1.6.6.e Tool incorporated into BASIC training and supervisory oversight provided to existing staff.	P-Dec 06 A-	
				P1.6.7 Evaluate support and training provided for relative/kinship resource families  Cindy Wilkinson Jeff Adams	Survey	P1.6.7.a Surveyed current relative caregivers on the adequacy of the Caregiver who Knows the Child training curriculum.	P-Dec 05 A-	
					Analysis report	P1.6.7.b Data Collected and analyzed.	P-Feb 06 A-	
					Curriculum revision	P1.6.7.c Based on curriculum modifications, training to began to be delivered to newly licensed relative/kinship providers.	P-Sep 06 A-	
<b>Item 7:</b> Permanency goal for child		X	Baseline 85.9%  2nd quarter PRR results = 85.4%  Goal 90.2% (Goal established is calculated by taking the average of 8 quarters performance in 2003 and 2004 and adding 5% of the average to measure improvement.)		PRR V-12 The permanency plan was developed and it includes options for concurrent planning.			P-Dec 2006  A-
				P1.7.1 Ensure the frequency and timeliness of Family Support Team Meetings occurs per policy Kathryn Sapp Cindy Wilkinson	Circuit Self Assessment	P1.7.1.a Circuit Managers analyzed FST frequency data through circuit self assessment.	P-Aug 04 A-Aug 04	
					Corrective action plans	P1.7.1.b Initiated corrective action when data falls below goal set in strategic plan.	P-Feb 05 A-Apr 05	
					Quarterly data reports	P1.7.1.c Circuit Managers assisted by PET monitored frequency data	P & A- Ongoing quarterly	

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							Benchmark	Goal
	A	N/A						
				P1.7.2 Improve quality of Family Support Teams (FSTs) to ensure permanency goal is reviewed and established  Kathryn Sapp Cindy Wilkinson		P1.7.2.a Made ACTS systems changes to track permanency reviews separately from FSTs.	P-Aug 04	
						P1.7.2.b Policy written on ACTS systems changes and elements necessary for permanency reviews.	A-Aug 04	
					Policy developed	P1.7.2.b Policy written on ACTS systems changes and elements necessary for permanency reviews.	P-Sep 04	
						P1.7.2.c Policy disseminated to all staff.	A-Aug 04	
					Policy disseminated	P1.7.2.c Policy disseminated to all staff.	P-Sep 04	
						P1.7.2.d Incorporated ACTS system changes and policy into BASIC and computer systems training.	A-Aug 04	
					Training agenda	P1.7.2.d Incorporated ACTS system changes and policy into BASIC and computer systems training.	P-Jan 05	
						P1.7.2.e Identified individuals who will serve as expert facilitators for more difficult FSTs.	A-Oct 04	
				P1.7. 3 Strengthen policy and practice relating to concurrent planning.  Cindy Wilkinson		P1.7.2.e Identified individuals who will serve as expert facilitators for more difficult FSTs.	P-Mar 05	
						P1.7.2.f Protocol developed for accessing expert facilitators.	A-May 05	
					List of facilitators	P1.7.2.f Protocol developed for accessing expert facilitators.	P-Apr 05	
						P1.7.2.g Trained expert facilitators.	A-May 05	
					Protocol developed	P1.7.2.g Trained expert facilitators.	P-Apr 05	
						P1.7.2.h Memo describing expert facilitator access protocol and expert facilitator duties distributed to all staff.	A-Sep 05	
					Training agenda	P1.7.2.h Memo describing expert facilitator access protocol and expert facilitator duties distributed to all staff.	P-Apr 05	
					Memo disseminated	P1.7.2.h Memo describing expert facilitator access protocol and expert facilitator duties distributed to all staff.	A-Sep 05	
				P1.7. 3 Strengthen policy and practice relating to concurrent planning.  Cindy Wilkinson		P1.7.3.a Circuit Managers monitored outcomes through PRR tool.	P-Mar 05	
						P1.7.3.b Circuit Managers assisted by the PET to develop improvement plans.	A-Mar 05	
					Improvement plans	P1.7.3.b Circuit Managers assisted by the PET to develop improvement plans.	P-May 05	
				P1.7.4 Increase collaboration with courts by providing cross training to judiciary, court staff, GALs and Children's		P1.7.3.c Integrated concurrent planning into Advanced FCOOHC In-Service Module training and child welfare manual.	A- Jul 05	
					Training curriculum and revised child welfare manual	P1.7.3.c Integrated concurrent planning into Advanced FCOOHC In-Service Module training and child welfare manual.	P-May 06	
						P1.7.4.a CD partnered with OSCA to develop training curriculum.	A-	
				P1.7.4 Increase collaboration with courts by providing cross training to judiciary, court staff, GALs and Children's		P1.7.4.a CD partnered with OSCA to develop training curriculum.	P-Jan 04	
						P1.7.4.b Developed draft plan to address logistics of proposed training.	A-Jan 04	
					Training curriculum	P1.7.4.b Developed draft plan to address logistics of proposed training.	P-Jan 04	
						P1.7.4.c Submitted draft to management of CD/OSCA.	A-Jan 04	
							P-Feb 04	
							A-Feb 04	



Program Improvement Implementation								
1			2	3	4	5	6	7
Outcome or Systemic Factors and Item(s) Contributing to Non-Conformity			Goal/Negotiated Measure/Percent of Improvement	Action Steps	Method of Measurement	Benchmarks Toward Achieving Goal	Dates of Achievement	
							Benchmark	Goal
	A	N/A						
				Division staff on ASFA & Permanency hearings consistent with state and federal regulations.  Cindy Wilkinson	Contract developed	P1.7.4.d Developed a contract to provide cross training to judiciary, court staff, GAL's and CD staff.	P-Mar 04 A-Mar 04	
						P1.7.4.e Management approved draft.	P-Apr 04 A-Apr 04	
					Training agenda and curriculum	P1.7.4.f Training implemented by CD/OSCA to include concurrent planning training.	P-Jun 04 A- Sept 04 ongoing twice per year	
<b>Item 8:</b> Reunification, guardianship, or permanent placement with relatives.		X	Reunification Nat'l Standard 76.2% or more  MO FFY 2003 AFCARS Baseline 59.8%  AFCARS Goal 62.2% (Based on Federal formula for goal setting).  2nd quarter performance based on quarterly outcomes report = 69.7% not AFCARS. AFCARS data not available.					P-Dec 2006  A-
				P1.8.1 Address permanency and services needs of children in Legal Status 2, 3, and 4	Data reports	P1.8.1.a Prepared data on legal status 2, 3, and 4 children.	P-Dec 04 A-Feb 05	
					Workgroup member list	P1.8.1.b Developed workgroup to examine legal status 2, 3, and 4 children (include in workgroup OSCA, CD, and metro sites).	P-Feb 05  A-Apr 05	

Program Improvement Implementation								
1			2	3	4	5	6	7
Outcome or Systemic Factors and Item(s) Contributing to Non-Conformity			Goal/Negotiated Measure/Percent of Improvement	Action Steps	Method of Measurement	Benchmarks Toward Achieving Goal	Dates of Achievement	
							Benchmark	Goal
	A	N/A						
				Bonnie Washeck	Case review results report	P1.8.1.c Conducted special case reviews on legal status 2, 3, and 4 cases.	P-Apr 05	
					Summary of meeting decisions	P1.8.1.d CD met with DLS and OSCA to determine legal obligations related to legal status 2, 3, and 4 children.	A-May 05	
						P1.8.1.e Revise AFCARS population if necessary.	P-Apr 05	
					Protocol developed	P1.8.1.f Developed policy and protocol on worker duties related to legal status 2, 3, and 4 cases.	A-Jul 05	
					Comparison data	P1.8.1.g Caseload analysis (comparison to LS1) completed Legal status 2, 3, and 4.	P-Sept 05	
					PRR	P1.8.1.h Incorporated Legal status 2, 3, and 4 cases into established Peer Record Review process.	A-Aug 05	
				P1.8.2 Establish procedures to access various service funding streams.		P1.8.2.a See S2.3.4.a.		
						P1.8.2.b See S2.3.4.b.		
				Bonnie Washeck		P1.8.3.a See P1.7.1.a		
						P1.8.3.b See P1.7.1.b		
						P1.8.3.c See P1.7.1.c		
				Kathryn Sapp Cindy Wilkinson		P1.8.4.a See P1.7.2.a		
						P1.8.4.b See P1.7.2.b		
						P1.8.4.c See P1.7.2.c		
						P1.8.4.d See P1.7.2.d		
						P1.8.4.e See P1.7.2.e		

Program Improvement Implementation								
1			2	3	4	5	6	7
Outcome or Systemic Factors and Item(s) Contributing to Non-Conformity			Goal/Negotiated Measure/Percent of Improvement	Action Steps	Method of Measurement	Benchmarks Toward Achieving Goal	Dates of Achievement	
							Benchmark	Goal
	A	N/A						
				Kathryn Sapp Cindy Wilkinson		P1.8.4.f See P1.7.2.f P1.8.4.g See P1.7.2.g P1.8.4.h See P1.7.2.h		
				P1.8.5 Increase collaboration with courts by providing cross training to new judiciary, court staff, Children's Division staff and GAL's on ASFA & Permanency hearings consistent with state and federal regulations  Cindy Wilkinson		P1.8.5.a See P1.7.4.a P1.8.5.b See P1.7.4.b P1.8.5.c See P1.7.4.c P1.8.5.d See P1.7.4.d P1.8.5.e See P1.7.4.e P1.8.5.f See P1.7.4.f		
				P1.8.6 Increase collaboration with courts by providing cross training to judiciary, court staff, GAL's and Children's Division staff regarding roles and responsibilities.  Cindy Wilkinson	Contract developed	P1.8.6.a Contract developed to provide training.	P-Apr 04 A-Apr 04	
					Meeting minutes	P1.8.6.b Meeting held to discuss roles and responsibilities of CD and Juvenile Officers.	P-Dec 04 A-Oct 04	
					Training agenda	P1.8.6.c Training provided to judiciary, court staff, GAL's and CD staff	P-May 05 A-May 05	
				P1.8.7 Collaborate with OSCA to explore barriers that would allow Juvenile Courts to enter temporary custody orders and transfer jurisdiction to Probate & Circuit Courts to expedite guardianship.	Meeting Minutes	P1.8.7.a Meeting held (with OSCA, CD, and DLS) to look at existing data and practices to identify problem areas and barrier to expeditious guardianship, including legislative and policy change.	P-Mar 05 A-Oct 04	
					Proposal drafted	P1.8.7.b Proposal drafted for legislative change.	P-Mar 05 A-Oct 04	
						P1.8.7.c Written proposal reviewed by OSCA, CD and DLS.	P-Mar 05 A-Sept 04	

Program Improvement Implementation								
1			2	3	4	5	6	7
Outcome or Systemic Factors and Item(s) Contributing to Non-Conformity			Goal/Negotiated Measure/Percent of Improvement	Action Steps	Method of Measurement	Benchmarks Toward Achieving Goal	Dates of Achievement	
							Benchmark	Goal
	A	N/A						
				Jim Harrison		P1.8.7.d Proposal finalized and presented to Department for legislative change.	P-Mar 05 A-Jan 05	
				P1.8.8 Determined policy remedy to be used in addition or in lieu of any legislative change referred in P1.8.7.  Jim Harrison Lesley Pettit		P1.8.8a Each circuit determined strategies with their court to expedite guardianship for children placed with relatives in CD custody.	P-Oct 05 A-	
						P1.8.8.b See P1.6.1a		
						P1.8.8.c See P1.6.1b		
						P1.8.8.d See P1.6.1c		
						P1.8.8.e See P1.6.1d		
						P1.8.8.f See P1.6.1e		
<b>Item 9: Adoption</b>	X		Adoption Nat'l Standard 32% or more  MO FFY 2003 AFCARS Baseline 38.5%  <b>Goal achieved</b>					P- Dec 2006 A-
				P1.9.1 Termination of Parental Rights will be filed in a timely manner, except when compelling reasons are documented.  Cindy Wilkinson Kathryn Sapp	Data report	P1.9.1.a.Examine TPR data from current information system.	P-Feb 05 A-Feb 05	
					Circuit reports on outcomes of meetings with courts.	P1.9.1.b Initiated local circuit meetings with Judicial Courts to address local procedures for filing of TPR petitions.	P-Jun 05 A-Jul 05	
					Policy developed	P1.9.1.c Developed policy for supervisor and staff responsibilities in documenting compelling reasons for not filing TPR.	P-Jun 05 A-Jul 05	
						P1.9.1.d Incorporated into BASIC training.	P-Jun 05 A-Pending	
					Policy disseminated	P1.9.1.e Policy disseminated to staff and supervisory oversight	P-Aug 05 A-	

Program Improvement Implementation								
1			2	3	4	5	6	7
Outcome or Systemic Factors and Item(s) Contributing to Non-Conformity			Goal/Negotiated Measure/Percent of Improvement	Action Steps	Method of Measurement	Benchmarks Toward Achieving Goal	Dates of Achievement	
							Benchmark	Goal
	A	N/A						
					PRR monitoring	P1.9.1.f Quarterly monitoring by PRR.	P&A ongoing quarterly	
						P1.9.1.g Incorporated into Advanced FCOOHC In-service module training.	P-May 06 A-	
				P1.9.2 Increase number of resource families.  Cindy Wilkinson	Performance based contracts and outcome reports	P1.9.2.a See P1.6.5.a P1.9.2.b See P1.6.5.b P1.9.2.c See P1.6.5.c P1.9.2.d See P1.6.5.d P1.9.2.e See P1.6.5.e		
				P1.9.3 Increase capacity to conduct home studies and finalize adoptions.  Cindy Wilkinson	Request for Proposal	P1.9.3.a RFP written for performance based development contracts.	P-Sep 04 A-Sep 04	
					Workload staffing analysis	P1.9.3.b Conducted a workload staffing analysis to determine staffing need for completing home studies and finalized adoptions.	P-Mar 05 A-Mar 05	
					Award letters	P1.9.3.c Awarded performance based permanency and resource development contracts.	P-Mar 05 A-Jun 05	
					Staffing report	P1.9.3.d Committed additional staff (private or public) as needed per available resources.	P-Jul 05 A-Aug 05	
				P1.9.4 Improve access to legal representation for CD staff  Jim Harrison		P1.9.4.a DLS identified plan to fill vacant FTE's or contract for attorneys.	P-Jul 04 A-Jul 04	
						P1.9.4.b Additional attorneys hired and placed.	P-Sep 04 A-Sep 04	
						P1.9.4.c DLS & Law Schools identified funding sources for expansion of law school cooperative program.	P-Mar 05 A- Aug 05	
						P1.9.4.d DLS & Law schools requested funding program.	P-Mar 05 A-Aug 05	
					Establish workgroup	P1.9.4.e CD/DLS established a work group to develop a protocol for CD staff to access DLS attorneys or contractors.	P-Mar 05 A-Apr 05	

Program Improvement Implementation								
1			2	3	4	5	6	7
Outcome or Systemic Factors and Item(s) Contributing to Non-Conformity			Goal/Negotiated Measure/Percent of Improvement	Action Steps	Method of Measurement	Benchmarks Toward Achieving Goal	Dates of Achievement	
							Benchmark	Goal
	A	N/A						
						P1.9.4.f CD/DLS contacted law schools in St. Louis to assess interest in expanding the existing cooperative program.	P-Apr 05 A-Aug 05	
					Develop draft protocol	P1.9.4.g Draft Protocol developed.	P-Apr 05 A-Apr 05	
						P1.9.4.h Protocols adopted.	P-May 05 A-Pending	
					Committee monitoring report	P1.9.4.i CD legal representation at court hearings monitored by CD/DLS joint committee for improvement.	P-July 05 A-Jul 05	
Item 10: Other planned living arrangement		X	Baseline 63.6% 2nd quarter results for PRR V-22 = 51.1% Goal = 66.4% Baseline 63.3% Goal = 66.4% 2nd quarter results for PRR V-21 = 70.6% Goal established is calculated by taking the average of 8 quarters performance (in 2003 and 2004 and adding 5% of the average to measure improvement.)		PRR V-22 Youth 16 or older have an ILP plan documented in the case record (CS-1 Att.) PRR V-21 Youth 16 or over, are participating in or have completed ILP classes			P-Dec 2006 A-
				P1.10.1 Increase number and quality of		P1.10.1.a See P1.6.5.a P1.10.1.b See P1.6.5.b		

Program Improvement Implementation								
1			2	3	4	5	6	7
Outcome or Systemic Factors and Item(s) Contributing to Non-Conformity			Goal/Negotiated Measure/Percent of Improvement	Action Steps	Method of Measurement	Benchmarks Toward Achieving Goal	Dates of Achievement	
							Benchmark	Goal
	A	N/A						
				resource families for older youth		P1.10.1.c See P1.6.5.c		
				Cindy Wilkinson		P1.10.1.d See P1.6.5.d		
						P1.10.1.e See P1.6.5.e		
					Discuss recruitment activities	P1.10.1.f Met with IL Specialists to discuss strategies on recruitment activities for locating homes for older youth.	P-Mar 05	
					Recruitment activities report	P1.10.1.g Met with IL Specialists to report on community recruitment activities.	A-Mar 05	
				P1.10.2 Increase awareness of Chafee program services to staff and community members	Cindy Wilkinson		P-Jun 05	
							A-Jun 05	
							P-Sep 05	
							A-	
				P1.10.2 Increase awareness of Chafee program services to staff and community members	Cindy Wilkinson	Distribute ETV material	P-Jan 2004	
							A-Jan 2004	
						Youth conference	P-July 04 annually	
							A-July 04 Annually	
						Provide information meetings	P- Mar 04 Ongoing	
				P1.10.3 Increase program accessibility to	ILP Training		A-Mar 04 Ongoing	
						Write and disseminated memo	P-May 05	
							A-Sep 05	
						Distributed ETV poster	P-May 05	
							A-Aug 05	
				P1.10.3 Increase program accessibility to	ILP Training	P1.10.3.a Designed and Implemented Pre-ILP Life Skills training curriculum	P-June 04	

Program Improvement Implementation								
1			2	3	4	5	6	7
Outcome or Systemic Factors and Item(s) Contributing to Non-Conformity			Goal/Negotiated Measure/Percent of Improvement	Action Steps	Method of Measurement	Benchmarks Toward Achieving Goal	Dates of Achievement	
							Benchmark	Goal
	A	N/A						
				provide life skills training services for older youth  Cindy Wilkinson	curriculum	for youth 14-15.	A- June 04	
					Youth conference	P1.10.3.b State Youth Advisory Board (SYAB) designed and hosted annual youth empowerment conference	P-July 04 annually A-July 04 Annually	
					Consult with SYAB	P1.10.3.c Consulted with SYAB members on needs of older youth.	P-Dec 04 Ongoing A- Dec 04 Ongoing	
					Convene workgroup and address recommendations	P1.10.3.d Convened workgroup to address recommendations from Chafee stakeholder and transitional living meetings on designating positions and training plan for adolescent workers	P-Feb 05  A-Feb 05	
					Provide training to selected staff in designed areas	P1.10.3.e Training provided in designate areas to selected staff interested in adolescent worker positions	P-Feb 05  A-Feb 05	
					CD memo	P1.10.3.f CD memo written and disseminated to staff involving ILP staff in the case planning process for older youth and referring age appropriate youth for Chafee services	P-May 05  A-Sep 05	
<b>Permanency Outcome P2:</b>								
<b>Item 11:</b> Proximity of foster care placement	X							
<b>Item 12:</b> Placement with siblings		X	Baseline 85.6  2nd quarter PRR results = 86.8%  Goal 89.9% (Goal established is calculated by taking		Monitored through Peer Record Review Question V-4: Siblings are placed together or there is ongoing visitation			P-Dec 2006 A-



Program Improvement Implementation								
1			2	3	4	5	6	7
Outcome or Systemic Factors and Item(s) Contributing to Non-Conformity			Goal/Negotiated Measure/Percent of Improvement	Action Steps	Method of Measurement	Benchmarks Toward Achieving Goal	Dates of Achievement	
							Benchmark	Goal
	A	N/A						
			the average of 8 quarters performance in 2003 and 2004 and adding 5% of the average to measure improvement).					
				P2.12.1 Increase the number of siblings placed together  Kathryn Sapp	Policy developed	P2.12.1.a Policy developed for FST to be required prior to separating siblings at any time during placement episode.	P-Aug 04	
					Policy enhancement	P2.12.1.b Enhanced policy addressing the continual need for maintaining sibling relationship.	A-Aug 04	
					PRR results & Improvement plans	P2.12.1.c Circuit Managers monitored quarterly PRR results and improvement plans developed.	P-Aug 04	
					Administrative review developed	P2.12.1.d Developed administrative process to review cases after siblings are separated after 30 days.	P-Feb 05 Ongoing Quarterly A-Ongoing	
				P2.12.2 Develop an ongoing training module regarding sibling placements for staff, foster parents, and juvenile court staff.  Jeff Adams		P2.12.2.a Emphasis on the importance of sibling bonds, long term effects of separation, and importance of visitation, parentified child and sibling rivalries incorporated into foster parent training.	P-Nov 05	
						P2.12.2.b See P1.7.4.a	A-	
						P2.12.2.c See P1.7.4.b		
						P2.12.2.d See P1.7.4.c		
						P2.12.2.e See P1.7.4.d		
						P2.12.2.f See P1.7.4.e		
						P2.12.2.g See P1.7.4.f		

Program Improvement Implementation								
1			2	3	4	5	6	7
Outcome or Systemic Factors and Item(s) Contributing to Non-Conformity			Goal/Negotiated Measure/Percent of Improvement	Action Steps	Method of Measurement	Benchmarks Toward Achieving Goal	Dates of Achievement	
							Benchmark	Goal
	A	N/A						
					Training module	P2.12.2.h Emphasis on the importance of sibling bonds, long term effects of separation, and importance of visitation, parentified child and sibling rivalries incorporated into BASIC and advanced FCOOHC In-Service training module.	P-May 06	
				P2.12.3 Increase capacity for resource families that accept sibling groups.		P2.12.3.a See P1.6.5.a	A-	
						P2.12.3.b See P1.6.5.b		
						P2.12.3.c See P1.6.5.c		
						P2.12.3.d See P1.6.5.d		
				Cindy Wilkinson		P2.12.3.e See P1.6.5.e		
Item 13: Visiting with parents and siblings in foster care.		X	Baseline 89.4 %  2nd quarter PRR results = 84.5%  Goal 90.3% (Goal established is calculated by taking the average of 8 quarters performance in 2003 and 2004 and adding 1% of the average to measure improvement).  Baseline 85.6%  1st quarter PRR results = 85.8%  Goal 89.9% (Goal established is calculated by taking		Parents' visits monitored through PRR Question V-13. There is a current visitation plan in place to facilitate reunification.  Sibling visits monitored through Peer Record Review question V-4: Siblings are placed together or there is ongoing visitation.			P-Dec 2006  A-

Program Improvement Implementation								
1			2	3	4	5	6	7
Outcome or Systemic Factors and Item(s) Contributing to Non-Conformity			Goal/Negotiated Measure/Percent of Improvement	Action Steps	Method of Measurement	Benchmarks Toward Achieving Goal	Dates of Achievement	
							Benchmark	Goal
	A	N/A						
			the average of 8 quarters performance in 2003 and 2004 and adding 5% of the average to measure improvement).					
				P2.13.1 Increase frequency and quality of parent/child and sibling visits.  Cindy Wilkinson	Policy revision	P2.13.1.a Revised policy to improve qualitative and quantitative visitation plan requirements.	P-Aug 05 A-	
						P2.13.1.b Incorporated policy revision into BASIC training and supervisory oversight provided to existing staff.	P-Sept 05 A-	
					PRR	P2.13.1.c Incorporated revisions into PRR tool.	P-Sept 05 A-	
					Quarterly data reports	P2.13.1.d Circuit Managers monitor data regarding frequency of parent/child/sibling visits.	P-Oct 05 A-	
					Practice improvement plans developed	P2.13.1.e Circuit Managers assisted by the PET teams developed practice improvement plans using all available data for guidance.	P-Oct 05 A-	
					Revised policy and training module	P2.13.1.f Policy revision incorporated and staff training began: Advanced FCOOHC In-Service training module.	P-May 06 A-	
Item 14: Preserving connections		X	Baseline 23.3%  2nd quarter performance = 24.1%  Goal 25.6%  Baseline 83%		Relative Placement CD-Outcomes #17. Increase the number of children placed with relative provider			P-Dec 2006  A-

Program Improvement Implementation								
1			2	3	4	5	6	7
Outcome or Systemic Factors and Item(s) Contributing to Non-Conformity			Goal/Negotiated Measure/Percent of Improvement	Action Steps	Method of Measurement	Benchmarks Toward Achieving Goal	Dates of Achievement	
							Benchmark	Goal
	A	N/A						
			<p>2<sup>nd</sup> quarter results for PRR = 85.4%</p> <p>Goal 87.2% Goal established is calculated by taking the average of 8 quarters performance in 2003 and 2004 and adding 5% of the average to measure improvement.</p>		PRR V-1 Consideration was given to relatives or kin for placement.			
				P2.14.1 Increase emphasis on preserving familial and community connections for children in out of home care.	Evaluation report	P2.14.1.a Evaluated Family-to-Family program regarding applicability for statewide implementation.	P-May 05	
				Kathryn Sapp		P2.14.1.b Submitted evaluation recommendations to administration.	A-Pending	
						P2.14.1.c Based on results of Family to Family evaluation and review of other state's best practices determined statewide applicability.	P-July 05	
						P2.14.1.d Develop state plan to address preserving connections.	A-Pending	
					State plan developed		P-Aug 05	
				P2.14.2 Improve diligent search for relatives/missing parents			A-	
						P2.14.2.a See P1.6.2.a		
						P2.14.2.b See P1.6.2.b		
						P2.14.2.c See P1.6.2.c		
						P2.14.2.d See P1.6.2.d		
				Bonnie Washeck				
				P2.14.3 Revise ICWA policy	Policy revision	P2.14.3.a Revised ICWA policy to reflect best practice standards.	P-Aug 04	
				Cindy Wilkinson			A-Aug 04	
				Kathryn Sapp	CPS-1	P2.14.3.b ICWA questions incorporated into intake (CPS-1) and family assessment (CD-14) tools.	P-May 05	
					CD-14		A-Apr 05	
					Policy disseminated	P2.14.3.c Newly revised intake & assessment disseminated to all CD staff.	P-Aug 05	
							A-	

Program Improvement Implementation								
1			2	3	4	5	6	7
Outcome or Systemic Factors and Item(s) Contributing to Non-Conformity			Goal/Negotiated Measure/Percent of Improvement	Action Steps	Method of Measurement	Benchmarks Toward Achieving Goal	Dates of Achievement	
							Benchmark	Goal
	A	N/A						
					PRR	P2.14.3.d Add ICWA question to Peer Record Review tool.	P-Sept 05 A-	
					PRR quarterly data reports	P2.14.3.e Establish a baseline for ICWA for Peer Record.	P-Sept 05 A-	
Item 15: Relative placement		X	<p>Baseline 25.9%</p> <p>2nd quarter Outcome Reports results = 26.9%</p> <p>Goal 27.2% (Goal established is calculated by taking the average of 8 quarters performance in 2003 and 2004 and adding 5% of the average to measure improvement).</p> <p>Progress to be tracked quarterly over two year period from CD Outcomes Report</p> <p>Baseline 83.0%</p> <p>2nd quarter PRR results = 85.4%</p> <p>Goal 87.2% (Goal established is calculated by taking the average of 8 quarters performance</p>		<p>Relative Placement monitored through the number of children placed with relative provider in legal status 1-4</p> <p>Monitored through Peer Record Review question V-1: Consideration was given to relatives or kin for placement</p>			<p>P-Dec 2006</p> <p>A-</p>

Program Improvement Implementation								
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Outcome or Systemic Factors and Item(s) Contributing to Non-Conformity			Goal/Negotiated Measure/Percent of Improvement	Action Steps	Method of Measurement	Benchmarks Toward Achieving Goal	Dates of Achievement	
							Benchmark	Goal
	A	N/A						
			adding 5% of the average to measure improvement).					
				P2.15.1 Increase system capacity to accurately track placement kinship vendor types.  Lesley Pettit		P2.15.1.a See P1.6.1.a P2.15.1.b See P1.6.1.b P2.15.1.c See P1.6.1.c P2.15.1.d See P1.6.1.d P2.15.1.e See P1.6.1.e		
				P2.15.2 Improve diligent search for relatives/missing parents.  Cindy Wilkinson		P2.15.2.a See P1.6.2.a P2.15.2.b See P1.6.2.b P2.15.2.c See P1.6.2.c P2.15.2.d See P1.6.2.d		
				P2.15.3 Evaluate support and training provided for relative/kinship resource families  Cindy Wilkinson Jeff Adams		P2.15.3.a See P1.6.7.a P2.15.3.b See P1.6.7.b P2.15.3.c See P1.6.7.c		
Item 16: Relationship of child in care with parents		X	Baseline 91.0%  2nd quarter PRR results = 90.3%  Goal 91.9% (Goal established is calculated by taking the average of 8 quarters performance in 2003 and 2004 and adding 1% of the		Parent Visits monitored through Peer Record Review question V-3: The child is placed in close proximity to his/her family.			P-Dec 2006  A-

Program Improvement Implementation								
1			2	3	4	5	6	7
Outcome or Systemic Factors and Item(s) Contributing to Non-Conformity			Goal/Negotiated Measure/Percent of Improvement	Action Steps	Method of Measurement	Benchmarks Toward Achieving Goal	Dates of Achievement	
							Benchmark	Goal
	A	N/A						
			average to measure improvement).					
				P2.16.1 Improve diligent search for non-custodial parent.  Bonnie Washeck		P2.16.1.a See P1.6.2.a P2.16.1.b See P1.6.2.b P2.16.1.c See P1.6.2.c P2.16.1.d See P1.6.2.d		
				P2.16.2 Improve engagement of non-custodial parents in case planning by strengthening worker/supervisor skills in engaging families in the assessment, case planning and case plan review process. Increase parent, caregiver (alternative care provider) and child involvement in case assessment, plan development and reassessment.  Kathryn Sapp	PRR Outcomes	P16.16.2.a See S2.3.2.a P16.16.2.b See S2.3.2.b P16.16.2.c See S2.3.2.c P16.16.2.d See S2.3.2.d P16.16.2.e See S2.3.2.e P16.16.2.f See S2.3.2.f		
Well Being Outcome 1 Families have enhanced capacity to provide for children's needs								

Program Improvement Implementation								
1			2	3	4	5	6	7
Outcome or Systemic Factors and Item(s) Contributing to Non-Conformity			Goal/Negotiated Measure/Percent of Improvement	Action Steps	Method of Measurement	Benchmarks Toward Achieving Goal	Dates of Achievement	
							Benchmark	Goal
	A	N/A						
Item 17: Needs and services of child, parents, foster parents		X	Baseline 82.1%  2nd quarter PRR results = 83.5%  Goal 86.2%		PRR III-10 Rating for the overall quality of the comprehensive assessment.			P-Dec 2006  A-
			Baseline 91.0%  2nd quarter PRR results = 91.6%  Goal 95.6% (Goal established is calculated by taking the average of 8 quarters performance in 2003 and 2004 and adding 5% of the average to measure improvement).		PRR III-3 The needs of the family/child are identified.			
				WB1.17.1 Improve family assessment and case plan tools to better link service provision to the needs of the bio family identified in the initial and ongoing assessments.  Kathryn Sapp		WB1.17.1.a See S2.3.1.a WB1.17.1.b See S2.3.1.b WB1.17.1.c See S2.3.1.c WB1.17.1.d See S2.3.1.d WB1.17.1.e See S2.3.1.e WB1.17.1.f See S2.3.1.f WB1.17.1.g See S2.3.1.g WB1.17.1.h See S2.3.1.h		



Program Improvement Implementation								
1			2	3	4	5	6	7
Outcome or Systemic Factors and Item(s) Contributing to Non-Conformity			Goal/Negotiated Measure/Percent of Improvement	Action Steps	Method of Measurement	Benchmarks Toward Achieving Goal	Dates of Achievement	
							Benchmark	Goal
	A	N/A						
			Baseline 80.4%  2nd quarter PRR results = 81.3%  Goal 84.4% (Goal established is calculated by taking the average of 8 quarters performance in 2003 and 2004 and adding 5% of the average to measure improvement).		PRR IV-15 Rating for the overall quality of the service plan and service delivery process.			
				WB1.17.2 Strengthen workers skills in engaging families in the assessment, case planning and case plan review processes to increase parent, caregiver (alternative care provider) and child involvement in case assessment, plan development and reassessment.  Kathryn Sapp		WB1.17.2.a See S2.3.2.a WB1.17.2.b See S2.3.2.b WB1.17.2.c See S2.3.2.c WB1.17.2.d See S2.3.2.d WB1.17.2.e See S2.3.2.e WB1.17.2.f See S2.3.2.f		
				WB1.17.3 Implementation of "Confirming Safe Environments" to reduce the risk for children in		WB1.17.3.a See S1.2.2.a WB1.17.3.b See S1.2.2.b WB1.17.3.c See S1.2.2.c WB1.17.3.d See S1.2.2.d WB1.17.3.e See S1.2.2.e WB1.17.3.f See S1.2.2.f		

Program Improvement Implementation								
1			2	3	4	5	6	7
Outcome or Systemic Factors and Item(s) Contributing to Non-Conformity			Goal/Negotiated Measure/Percent of Improvement	Action Steps	Method of Measurement	Benchmarks Toward Achieving Goal	Dates of Achievement	
							Benchmark	Goal
	A	N/A						
				foster/kinship care to identify needs of child and providers.  Cindy Wilkinson				
Item 18: Child and family involvement in case planning.		X	Baseline 74.1%  2nd quarter PRR results = 77.8 %  Goal 77.8% (Goal established is calculated by taking the average of 8 quarters performance in 2003 and 2004 and adding 5% of the average to measure improvement).		Monitored through Peer Record Review question IV-8: The family participated in the development of and signed the service plan.			P-Dec 2006  A-
				WB1.18.1 Maximize parental/family participation in Family Support Team Meetings.  Bonnie Washeck		WB1.18.1.a See S2.3.2 a WB1.18.1.b See S2.3.2 b WB1.18.1.c See S2.3.2 c WB1.18.1.d See S2.3.2 d WB1.18.1.e See S2.3.2 e WB1.18.1.f See S2.3.2 f		
					Protocol established	WB1.18.1.g Established a protocol for accessing division staff outside of regular working hours.	P-Aug 05 A-	
				WB1.18.2 Improve the quality of Family Support Team Meetings.  Kathryn Sapp Cindy Wilkinson		WB1.18.2.a See P1.7.2a WB1.18.2.b See P1.7.2b WB1.18.2.c See P1.7.2c WB1.18.2.d See P1.7.2d WB1.18.2.e See P1.7.2e WB1.18.2.f See P1.7.2f WB1.18.2.g See P1.7.2g WB1.18.2.h See P1.7.2h		

Program Improvement Implementation								
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Outcome or Systemic Factors and Item(s) Contributing to Non-Conformity			Goal/Negotiated Measure/Percent of Improvement	Action Steps	Method of Measurement	Benchmarks Toward Achieving Goal	Dates of Achievement	
							Benchmark	Goal
	A	N/A						
				WB1.18.3 Review and further develop a handbook, to be distributed at the point of removal, to educate parents on their rights and responsibilities, court procedures, etc.  Cindy Wilkinson		WB1.18.3.a Collected parent handbooks used by various circuits.	P-Aug 05 A-	
					Workgroup list	WB1.18.3.b Convened a work group to evaluate parent handbooks.	P-Oct 05 A-	
					Parent handbook	WB1.18.3.c Developed a universal parent handbook.	P-Jan 06 A-	
					Survey results	WB1.18.3.d Solicited consumer feedback on parent handbook	P-Apr 06 A-	
					Policy developed	WB1.18.3.e Developed policy on use of parent handbook.	P-July 06 A-	
					Policy disseminated	WB1.18.3.f Policy distributed to all staff and supervisory oversight.	P-Sept 06 A-	
					Training curriculum	WB1.18.3.g Policy Incorporated into BASIC training	P-Oct 06 A-	
Item 19: Worker visits with child – improve quantity and quality		X	Baseline 72.8%  2nd quarter PRR results = 76.3%  Goal 76.4% (Goal established is calculated by taking the average of 8 quarters performance in 2003 and 2004 and adding 5% of the average to measure improvement).		Foster Care cases monitored through Peer Record Review question V-16: The worker visits the child twice every month.			
			.	WB1.19.1 Develop policy addressing the quality of visits to incorporate case planning, service delivery and goal attainment.	Team appointments	WB1.19.1a Appointed visitation policy and practice team.	P-Jan 05 A-Feb 05	
					Convene meeting	WB1.19.1.b Convened first policy and practice team meeting.	P-Feb 05 A-May 05	
					Policy developed	WB1.19.1.c Team developed policy on visitation and draft protocol regarding quality of visits.	P-May 05  A-Pending	

Program Improvement Implementation								
1			2	3	4	5	6	7
Outcome or Systemic Factors and Item(s) Contributing to Non-Conformity			Goal/Negotiated Measure/Percent of Improvement	Action Steps	Method of Measurement	Benchmarks Toward Achieving Goal	Dates of Achievement	
							Benchmark	Goal
	A	N/A						
				Bonnie Washeck	Recommendations reviewed	WB1.19.1.d Recommendation reviewed by policy review team and executive staff.	P-Jun 05 A-Pending	
						WB1.19.1.e Policy disseminated to staff.	P-Aug 05 A-	
						WB1.19.1.f Utilize Practice Enhancement Teams (PET) to support protocols.	P-Aug 05 A-	
				WB1.19.2 Increase policy compliance for frequency of worker visits for intact and out-of-home cases.  Cindy Wilkinson Kathryn Sapp	Quarterly workload report	WB1.19.2.a Achieved progress in caseload equalization by developing quarterly circuit workload reports.	P-Aug 05 quarterly ongoing A-	
					PRR	WB1.19.2.b Circuit Managers monitored the frequency of worker visits through the PRR.	P-Aug 05 A-	
					Practice Improvement plans	WB1.19.2.c Circuit Managers assisted by PET to develop practice improvement plans.	P-Sep 05 A-	
				WB1.19.3 Tracking system to track worker visits (date/site).  Jim Harrison		WB1.19.3.1.a Enhancements made to the existing ACTS and FCS system.	P-Feb 06 A-	
						WB1.19.3.1.b SACWIS began to be available to track visitation in Case Management System.	P-May 06 A-	
Item 20: Worker Visit with parent(s).		X	Baseline 85.3%  2nd quarter PRR results = 86.6%  Goal 89.5% (Goal established is calculated by taking the average of 8 quarters performance in 2003 and 2004 and adding 5% of the average to measure improvement).		Intact and Foster Care Cases monitored through Peer Record Review question IV-14: The worker visits family (caretakers) at least one time per month.			P-Dec 2006  A-

Program Improvement Implementation								
1			2	3	4	5	6	7
Outcome or Systemic Factors and Item(s) Contributing to Non-Conformity			Goal/Negotiated Measure/Percent of Improvement	Action Steps	Method of Measurement	Benchmarks Toward Achieving Goal	Dates of Achievement	
							Benchmark	Goal
	A	N/A						
				WB1.20.1 Strengthen worker relationships with biological or adoptive parents.  Bonnie Washeck	Protocols established	WB1.20.1.a Protocols established in WB1.19.1.c included in adoptive parent training	P-May 05	
					Revise PRR	WB1.20.1.b Revised PRR to reflect collateral contacts required per family risk assessment/reassessment	A-Pending P-Jun 05	
						WB1.20.1.c See S2.3.2.a	A-Jun 05	
						WB1.20.1.d See S2.3.2.b		
						WB1.20.1.e See S.2.3.2.c		
						WB1.20.1.f See S.2.3.2.d		
						WB1.20.1.g See S.2.3.2.e		
						WB1.20.1.h See S2.3.2.f		
				WB1.20.2 – Refer to: WB1.19.1, WB1.19.2 and WB1.19.3  a. WB1.19.1 Develop policy addressing the quality of visits to incorporate case planning, service delivery and goal attainment.  b. WB1.19.2 Increase policy compliance for frequency of worker visits for intact and out-of-home cases.  c. WB1.19.3 Tracking system to track worker visits (date/site).		WB1.20.2.a See WB1.19.1.a-f		
						WB1.20.2.b See WB1.19.2 a-c		
						WB1.20.2.c See WB1.19.3 a-b		
Well Being Outcome 2 Children receive services to meet								

Program Improvement Implementation								
1			2	3	4	5	6	7
Outcome or Systemic Factors and Item(s) Contributing to Non-Conformity			Goal/Negotiated Measure/Percent of Improvement	Action Steps	Method of Measurement	Benchmarks Toward Achieving Goal	Dates of Achievement	
							Benchmark	Goal
	A	N/A						
their educational needs								
<b>Item 21:</b> Children receive appropriate services to meet their educational needs		X	Baseline 95.6%  2nd quarter PRR results = 95.6%		PRR V-18 The child is at grade level and receiving appropriate educational services.			P-Dec 2006  A-
			Goal 96.6% (Goal established is calculated by taking the average of 8 quarters performance in 2003 and 2004 and adding 1% of the average to measure improvement.)					
				WB2.21.1 Improve working relationship among Children's Division, Department of Elementary and Secondary Education (DESE) and local school districts.  Kathryn Sapp	Protocol developed	WB.2.21.1.a Protocol developed regarding inclusion of educational personnel in FST's.	P-Mar 05 A-Apr 05	
					Education liaisons	WB2.21.1.b Designated an education liaison at the state level.	P-May 05 A-May 05	
					Circuit Self Assessment	WB2.21.1.c Local level barriers identified regarding working with schools and educational disruptions of children in foster care.	P-May 05 A-Jul 05	
					Written local plans	WB2.21.1.d Developed a plan to alleviate barriers and address educational disruptions of children in foster care as applicable.	P-May 05 A-Jul 05	
					Written State plan	WB2.21.1.e Children's Division Administration partnered with DESE to address identified barriers at State level.	P-Aug 05 A-	

Program Improvement Implementation								
1			2	3	4	5	6	7
Outcome or Systemic Factors and Item(s) Contributing to Non-Conformity			Goal/Negotiated Measure/Percent of Improvement	Action Steps	Method of Measurement	Benchmarks Toward Achieving Goal	Dates of Achievement	
							Benchmark	Goal
	A	N/A						
				WB2.21.2 Improve the flow of educational records and reports when children transfer schools.  Kathryn Sapp Cindy Wilkinson	Protocols developed	WB2.21.2.a Local protocols developed for alternative care children regarding permission of custodian to access records needed for enrollment.	P-Jun 05 A-Jun 05	
					Residential Facility contracts	WB2.21.2.b. Incorporated accountability measures for transfer of educational records into Residential Facility contracts.	P-Jun 05 A-Pending	
				WB2.21.3 Decrease the incidence of educational neglect, truancy and suspension of children in care.  Cindy Wilkinson Kathryn Sapp		WB2.21.3.a Consult with National Resource Centers and other national education resources regarding early identification of educational neglect, truancy and suspension of children in care.	P-Apr 05 A-Apr 05	
					Revised CD-14 and CS-1	WB2.21.3.b Identification of risk factors for educational neglect, truancy or school suspension incorporated into the CD-14 and CS-1.	P-Jul 05 A-Jul 05	
					Distribute youth training video	WB2.21.4.c Distribute Youth Training Video for teacher in-service training.	P-Sep 05 A-	
					Protocol developed	WB2.21.3.d Protocol developed for accessing early interventions for students at risk for educational neglect, truancy and suspension.	P-Oct 05 A-	
					Protocol developed	WB2.21.3.e Protocol developed for children expelled due to the Safe School Act.	P-Oct 05 A-	
					Protocol disseminated	WB2.21.3.f Protocols distributed to staff and shared with local school districts.	P-Nov 05 A-	
						WB2.21.3.g Protocols incorporated into BASIC and foster parent training.	P-Dec 05 A-	

Program Improvement Implementation								
1			2	3	4	5	6	7
Outcome or Systemic Factors and Item(s) Contributing to Non-Conformity			Goal/Negotiated Measure/Percent of Improvement	Action Steps	Method of Measurement	Benchmarks Toward Achieving Goal	Dates of Achievement	
							Benchmark	Goal
	A	N/A						
				WB2.21.4 Decrease the incidence of educational neglect, truancy and suspension of children for intact families. Kathryn Sapp		WB2.21.4.a Consulted with National Resource Center on Child Maltreatment and other national education resources regarding early identification of educational neglect, truancy and suspension of intact families.	P-Apr 05 A- Apr 05	
					CD-14 revision	WB2.21.4.b Identification of risk factors for educational neglect, truancy or school suspension incorporated into the CD-14.	P-July 05 A-Jul 05	
					Distribute youth training video	WB2.21.4.c Distribute Youth Training Video for teacher in-service training.	P-Sep 05 A-	
					Protocol developed	WB2.21.4.d Protocol developed for accessing early interventions for students at risk for educational neglect, truancy and suspension.	P-Oct 05 A-	
					Protocol developed	WB2.21.4.e Protocol developed for children expelled due to the Safe School Act.	P-Oct 05 A-	
					Protocols disseminated	WB2.21.4.f Protocols distributed.	P-Nov 05 A-	
						WB2.21.4.g Protocols incorporated into BASIC training.	P-Dec 05 A-	
Well-Being 3 (WB3): Children receive adequate services to meet their physical and mental health needs.								



Program Improvement Implementation								
1			2	3	4	5	6	7
Outcome or Systemic Factors and Item(s) Contributing to Non-Conformity			Goal/Negotiated Measure/Percent of Improvement	Action Steps	Method of Measurement	Benchmarks Toward Achieving Goal	Dates of Achievement	
							Benchmark	Goal
	A	N/A						
Item 22: Physical health of the child		X	Baseline 96.9%  2nd quarter PRR results = 97.3%  Goal 97.8% (Goal established is calculated by taking the average of 8 quarters performance in 2003 and 2004 and adding 1% of the average to measure improvement.		PRR V-17: The physical needs of the child are being met.			P-Dec 2006  A-
				WB3.22.1 Increase ability of Children's Division staff and families to access available dental resources.  Bonnie Washeck	Circuit Self Assessment	WB3.22.1.a Circuits identified available local dental resources.	P-Mar 05 A-Aug 04	
					Dental coordinator list	WB3.22.1.b Dental coordinator assigned to each region (local level) to identify barriers and facilitate access to dental providers.	P-May 05  A-Jul 05	
					Notification letter	WB3.22.1.c Notified dental providers of regional dental coordinators.	P-Aug 05 A-	
					Written plan	WB3.22.1.d In partnership with Division of Medical Services (DMS) assessed and developed plan to reduce administrative burden on Medicaid providers.	P-Aug 05  A-	
					Assessment report	WB3.22.1.e Completed assessment regarding Dental Van program expansion.	P-Aug 05  A-	
				WB3.22.2 Increase capacity of staff to assess medical needs of children in intact families.	CD-14 revision	WB3.22.2.a Revised CD-14 to include assessment of medical needs of children in intact families.	P-July 05  A-Apr 05	
					Policy disseminated	WB3.22.2.b Issued revised form and policy.	P-Sep 05 A-	

Program Improvement Implementation								
1			2	3	4	5	6	7
Outcome or Systemic Factors and Item(s) Contributing to Non-Conformity			Goal/Negotiated Measure/Percent of Improvement	Action Steps	Method of Measurement	Benchmarks Toward Achieving Goal	Dates of Achievement	
							Benchmark	Goal
	A	N/A						
				Bonnie Washeck	Training curriculum	WB3.22.c Existing staff trained in Assessment and Service Planning using CD-14 as tool statewide.	P-Oct 05 A-	
						WB3.22.2.d Integrated CD-14 into Advanced Family-Centered In-service training module.	P-Jan 06 A-	
Item 23: Mental health needs of the child		X	Baseline 96.4%  2nd quarter PRR results = 96.5%  Goal 97.3% (Goal established is calculated by taking the average of 8 quarters performance in 2003 and 2004 and adding 1% of the average to measure improvement.		PRR V-19: The mental health needs of the child are being met.			P-Dec 2006  A-
				WB3.23.1 Increase the ability of Children's Division staff and families to access available mental health resources.  Jim Harrison	Circuit Self Assessment	WB3.23.1.a Available mental health resources identified through Circuit Self Assessment.	P-Aug 04  A-Aug 04	
					Mental Health Coordinator list	WB3.23.1.b Five Regional Mental Health Coordinators designated.	P-Jan 05 A-Jan 05	
						WB3.23.1.c See S2.3.5		
					Written plan	WB3.23.1.d Mental Health Coordinators convened teams to identify local barriers, develop a plan to alleviate barriers and create partnerships to improve service delivery.	P-May 05  A-May 05	
					Plan developed	WB3.23.1.e In partnership with Division of Medical Services (DMS) assessed and developed plan to reduce administrative burden on Medicaid providers.	P-Aug 05  A-	

Program Improvement Implementation								
1			2	3	4	5	6	7
Outcome or Systemic Factors and Item(s) Contributing to Non-Conformity			Goal/Negotiated Measure/Percent of Improvement	Action Steps	Method of Measurement	Benchmarks Toward Achieving Goal	Dates of Achievement	
							Benchmark	Goal
	A	N/A						
				WB3.23.2 Increase awareness of staff and foster parents regarding attachment and mental health issues.  Cindy Wilkinson		WB3.23.2.a See P1.6.3.a		
						WB3.23.2.b Increased the number of staff and foster parents trained on Working with the Explosive Child (See Training Matrix).	P & A- Ongoing semi-annually	
						WB3.23.2.c Increased the number of staff and foster parents trained on Grief and Loss (See Training Matrix).	P-Sep 04 A-Sep 04 ongoing semi-annual	
					Curriculum developed	WB3.23.2.d Developed Reactive Attachment Disorder curriculum.	P-Mar 05 A-Mar 05	
					Training agenda	WB3.23.2.e Incorporated attachment issues training into on-going training.	P-Sep 06 A-	
				WB3.23.3 Increase capacity of staff to assess mental health needs of children in intact families.  Kathryn Sapp	CD-14 revision	WB3.23.3.a Incorporated assessment of mental health needs of children in intact families in CD-14 revision (See S2.3.1.b-h).	P-July 05  A-Apr 05	
					Practice improvement plans	WB3.23.3.b Circuit Managers evaluated SCRT results and developed practice improvement strategies as needed.(See S2.3.3 a-f)	P-Apr 06 ongoing quarterly A-	
<b>Systemic Factors</b>								
Item 24: System can identify the status, demographic characteristics, location and goals of children in foster care.	X							

Program Improvement Implementation								
1			2	3	4	5	6	7
Outcome or Systemic Factors and Item(s) Contributing to Non-Conformity			Goal/Negotiated Measure/Percent of Improvement	Action Steps	Method of Measurement	Benchmarks Toward Achieving Goal	Dates of Achievement	
							Benchmark	Goal
	A	N/A						
Item 25: Provides a process that ensures that each child has a written case plan to be developed jointly with the child's parent(s) that includes the required provisions.		X	Baseline 80.4%  2nd quarter PRR results = 81.3%  Goal 84.4% (Goal established is calculated by taking the average of 8 quarters performance in 2003 and 2004 and adding 5% of the average to measure improvement.		Monitored through Peer Record Review question IV-15 Rating for the overall quality of the service plan and service delivery process.			
				25.1 Improve family assessment and case plan tools to better link service provision to the needs of the family identified in the initial and ongoing assessments. Kathryn Sapp		25.1.a See S2.3.1.a 25.1.b See S2.3.1.b 25.1.c See S2.3.1.c 25.1.d See S2.3.1.d 25.1.e See S2.3.1.e 25.1.f See S2.3.1.f 25.1.g See S2.3.1.g 25.1.h See S2.3.1.h		
				25.2 Strengthen worker/supervisor skills in engaging families in the assessment, case planning and case plan review process to increase parent, caregiver (alternative care provider) and child involvement in case assessment, plan development and reassessment. Kathryn Sapp		25.2.a See S2.3.2.a 25.2.b See S2.3.2.b 25.2.c See S2.3.2.c 25.2.d See S2.3.2.d 25.2.e See S2.3.2.e 25.2.f See S2.3.2.f		

Program Improvement Implementation								
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Outcome or Systemic Factors and Item(s) Contributing to Non-Conformity			Goal/Negotiated Measure/Percent of Improvement	Action Steps	Method of Measurement	Benchmarks Toward Achieving Goal	Dates of Achievement	
							Benchmark	Goal
	A	N/A						
				25.3 Improve supervisory capacity to monitor practice linking the assessment with the overall plan.  Bonnie Washeck		25.3.a See S2.3.3.a 25.3.b See S2.3.3.b 25.3.c See S2.3.3.c 25.3.d See S2.3.3.d 25.3.e See S2.3.3.e 25.3.f See S2.3.3.f 25.3.g See S2.3.3.g 25.3.h See S2.3.3.h		
				25.4 Maximize parental/family involvement in Family Support Team Meetings.  Bonnie Washeck		25.4.a See P1.6.2.a 25.4.b See P1.6.2.b 25.4.c See P1.6.2.c 25.4.d See P1.6.2.d 25.4.e See S2.3.2 a 25.4.f See S2.3.2 b 25.4.g See S2.3.2 c 25.4.h See S2.3.2 d 25.4.i See S2.3.2 e 25.4.j See S2.3.2 f		
				25.5 Improve staff facilitation skills for Family Support Team Meetings.  Jeff Adams	Training curriculum	25.5.a Began offering 25 supplemental FST trainings to selected staff throughout state.	P-Feb 05 A-Feb 05	
						25.5.b Enhanced/Improved FST skill application for BASIC.	P-Feb 05 A-Feb 05	
						25.5.c Advanced FST skill application integrated into advanced Family-Centered Out-of-Home Service In-Service module.	P-May 06 A-	
						25.5.d Advanced FST skill application integrated into Advanced Family-Centered Service In-Service module.	P-Sep 06 A-	

Program Improvement Implementation								
1			2	3	4	5	6	7
Outcome or Systemic Factors and Item(s) Contributing to Non-Conformity			Goal/Negotiated Measure/Percent of Improvement	Action Steps	Method of Measurement	Benchmarks Toward Achieving Goal	Dates of Achievement	
							Benchmark	Goal
	A	N/A						
Item 26: Process for 6-month case reviews		X	Baseline 62.8% (derived from average of 8 quarters in FY 2003 and 2004)  2nd Quarter performance = 62.8%  Goal 69% (Goal established through method described in Item 15 using Outcomes Report data).		Monitored through CD Outcomes Report Outcome #12: Children with Timely Completion of Permanency Planning Review within 30 Days and 6 Months.			P-Dec 2006  A-
				26.1 Revised current policy to clarify an Administrative Review and requirements  Susan Savage	Draft policy	26.1.a Developed draft policy clarifying administrative review requirements and procedures.	P-Feb 05 A-Jul 04	
						26.1.b Draft policy sent to policy review team and management.	P-Mar 05 A-Aug 04	
					Policy revision	26.1.c Feedback received and revisions made.	P-Apr 05 A-Aug 04	
					Policy disseminated	26.1.d New policy distributed to CD staff.	P-Jun 05 A-Aug 04	
				26.2 Recruit 3 <sup>rd</sup> party participants for Administrative Reviews  Cindy Wilkinson	Volunteer list	26.2.a Circuit Managers recruited and trained a pool of qualified volunteers to participate in six month administrative reviews.	P-May 05  A-Pending	
						26.2.b Circuit Managers scheduled and assigned individual reviewers to cases.	P-May 05  A-Pending	
				26.3 Increase ability to track 6 month Administrative Reviews separately from FSTs	System logic	26.3.a Met with MIS and developed system logic needed to add fields to SS-61.	P-Aug 04  A-Aug 04	
					CS-1 revision	26.3.b Revised the SS-61 to denote Administrative Review.	P-Jan 05 A-Aug 04	

Program Improvement Implementation								
1			2	3	4	5	6	7
Outcome or Systemic Factors and Item(s) Contributing to Non-Conformity			Goal/Negotiated Measure/Percent of Improvement	Action Steps	Method of Measurement	Benchmarks Toward Achieving Goal	Dates of Achievement	
							Benchmark	Goal
	A	N/A						
				Cindy Wilkinson	Revised form disseminated	26.3.c Revised form and instructions distributed to all CD staff.	P-Jan 05 A-Aug 04	
Item 27: Provides a process that ensures that each child in foster care under the supervision of the State has a permanency hearing in a qualified court or administrative body no later than 12 months from the date the child entered foster care and no less frequently than every 12 months thereafter.		X	Will extract data on most recent court date from ACTS system.  <i>Baseline established on March 31, 2005</i>  <b>Baseline for LS 1-3 children on 7/31/05 = 88.6%</b>  <b>Goal 88.0% with a 2 % increase</b>					P-Dec 2006  A-
				27.1 Improve access to legal representation for CD.  Fred Simmens		27.1.a See P1.9.4.a 27.1.b See P1.9.4.b 27.1.c See P1.9.4.c 27.1.d See P1.9.4.d 27.1.e See P1.9.4.e 27.1.f See P1.9.4.f 27.1.g See P1.9.4.g 27.1.h See P1.9.4.h 27.1.i See P1.9.4.i		
				27.2 Implement training to develop testifying skills for CD staff.  Jeff Adams		27.2.a Current curriculum evaluated by Division of Legal Services.	P-Apr 05 A-Dec 04	
						27.2.b Obtained technical assistance from DLS, NRC and OSCA.	P-Jun 05 A-Jul 05	
					Curriculum modified	27.2.c Based on evaluation and technical assistance curriculum modified.	P-Oct 05 A-	

Program Improvement Implementation								
1			2	3	4	5	6	7
Outcome or Systemic Factors and Item(s) Contributing to Non-Conformity			Goal/Negotiated Measure/Percent of Improvement	Action Steps	Method of Measurement	Benchmarks Toward Achieving Goal	Dates of Achievement	
							Benchmark	Goal
	A	N/A						
						27.2.d Modified curriculum approved.	P-Dec 05 A-	
					Training curriculum	27.2.e Modified curriculum incorporated into Basic and OJT for existing staff.	P-Mar 06 A-	
				27.3 Increase the timeliness of 12 month Permanency Hearings  Cindy Wilkinson Kathryn Sapp		27.3.a See 27.2.a		
						27.3.b See 27.2.b		
						27.3.c See 27.2.c		
						27.3.d See 27.2.d		
						27.3.e See 27.2.e		
					Report on circuits where issues need to be addressed	27.3.f Collaborated with OSCA at the state level to ensure joint accountability for timely court hearings and identify circuits where CD and court issues needed to be addressed.	P-May 05 A-Jun 05	
					Workgroup participant list	27.3.g Developed on-going Court Issues workgroup to monitor timeliness of hearings.	P-June 05 A-Aug 05	
						27.3.h Developed local protocols between the court and CD offices to ensure timely hearings.	P-July 05 A-Aug 05	
					FST policy revision	27.3.i Revised Family Support Team policy to assure 12 month Permanency Hearing date is discussed and documented during team meeting.	P-Jul 05 A-Jul 05	
	27.3.j Incorporated new FST policy into BASIC and OJT training for existing staff.	P-Aug 05 A-						
				27.4 Provide cross training to judiciary, court staff, GALs and Children’s Division staff on ASFA &		27.4.a See P1.7.4.a		
						27.4.b See P1.7.4.b		
						27.4.c See P1.7.4.c		
						27.4.d See P1.7.4.d		
						27.4.e See P1.7.4.e		



Program Improvement Implementation								
1			2	3	4	5	6	7
Outcome or Systemic Factors and Item(s) Contributing to Non-Conformity			Goal/Negotiated Measure/Percent of Improvement	Action Steps	Method of Measurement	Benchmarks Toward Achieving Goal	Dates of Achievement	
							Benchmark	Goal
	A	N/A						
				Permanency hearings consistent with state and federal regulations.  Jeff Adams		27.4.f See P1.7.4.f		
Item 28: Provides a process for termination of parental rights proceedings in accordance with provisions of ASFA.		X	Baseline 83.4%  2nd Quarter PRR results = 85.8%  Goal 87.5% (Goal established is calculated by taking the average of 8 quarters performance in 2003 and 2004 and adding 5% of the average to measure improvement.)		Monitored through PRR V-14: TPR has occurred or been filed when the child has been in Out-of-Home Care for 15 of the most recent 22 months, or compelling reasons are documented.			P-Dec 2006  A-
				28.1 Improve access to legal representation for CD.  Jim Harrison		28.1.a See P1.9.4.a 28.1.b See P1.9.4.b 28.1.c See P1.9.4.c 28.1.d See P1.9.4.d 28.1.e See P1.9.4.e 28.1.f See P1.9.4.f 28.1.g See P1.9.4.g 28.1.h See P1.9.4.h 28.1.i See P1.9.4.i		
				28.2 Strengthen worker/supervisor skills in engaging families in the assessment, case planning and case plan		28.2.a See S2.3.2.a 28.2.b See S2.3.2.b 28.2.c See S2.3.2.c 28.2.d See S2.3.2.d 28.2.e See S2.3.2.e		

Program Improvement Implementation								
1			2	3	4	5	6	7
Outcome or Systemic Factors and Item(s) Contributing to Non-Conformity			Goal/Negotiated Measure/Percent of Improvement	Action Steps	Method of Measurement	Benchmarks Toward Achieving Goal	Dates of Achievement	
							Benchmark	Goal
	A	N/A						
				review process to increase parent, caregiver (alternative care provider) and child involvement in case assessment, plan development and reassessment.  Kathryn Sapp		28.2.f See S2.3.2.f		
				28.3 Termination of Parental Rights will be filed in a timely manner, except when compelling reasons are documented.  Cindy Wilkinson		28.3.a See P1.9.1.a		
						28.3.b See P1.9.1.b		
						28.3.c See P1.9.1.c		
						28.3.d See P1.9.1.d		
						28.3.e See P1.9.1.e		
				28.4 Improve diligent search for relatives/parents  Bonnie Washeck		28.4.a See P1.6.2.a		
						28.4.b See P1.6.2.b		
						28.4.c See P1.6.2.c		
						28.4.d See P1.6.2.d		
				28.5 Collaborate with OSCA to amend 211.447 RSMo to ensure consistency w/ASFA requirements regarding filing of TPR petitions w/in 60 days of a judicial determination that the child is an abandoned infant, or that no Reasonable Efforts are required.  Jim Harrison	Draft proposal	28.5.a Proposal drafted.	P-Aug 05 A-	
						28.5.b Written proposal reviewed by OSCA and the Department.	P-Oct 05 A-	
					Meeting agenda	28.5.c Meetings held between OSCA and the Department of Social Services to finalize proposal.	P-Nov 05 A-	
					Draft legislation	28.5.d Advocated for proposed legislation.	P-Jun 06 A-	

Program Improvement Implementation								
1			2	3	4	5	6	7
Outcome or Systemic Factors and Item(s) Contributing to Non-Conformity			Goal/Negotiated Measure/Percent of Improvement	Action Steps	Method of Measurement	Benchmarks Toward Achieving Goal	Dates of Achievement	
							Benchmark	Goal
	A	N/A						
Item 29: Provides a process for foster parents, re-adoptive parents, and relative caregivers of children in foster care to be notified of, and have an opportunity to be heard in, any review or hearing held with respect to the child.		X		29.1 Increase ability of foster parents to be notified of and heard in court.  Bonnie Washeck		29.1.a Implemented HB 1453.	P-Aug 04 A-Aug 04	
					Consumer survey	29.1.b Revised consumer surveys for foster parents, youth and bio parents to incorporate questions regarding notification of court hearings and opportunity to be heard in court.	P-Jun 05  A-Jun 05	
						29.1.c Emphasized to staff the importance of including correct names and addresses in court reports.	P-Mar 05 A-Apr 05	
					Cross training curriculum	29.1.d Comprehensive Child Welfare Training completed with OSCA.	P-May 05 A-May 05	
Item 30: Standards to assure quality services and ensure children's safety and health	X							
Item 31: Identifiable QA system that evaluates the quality of services and improvements	X							
Item 32: Provision of ongoing staff training that addresses the necessary skills and knowledge	X							
Item 33: Ongoing training for staff		X						
				33.1 Develop supervisory training for front line supervisors.		33.1.a Professional Development and Training collaborated with HRC for on-going supervisors training.	P-Feb 04  A-Feb 04	

Program Improvement Implementation								
1			2	3	4	5	6	7
Outcome or Systemic Factors and Item(s) Contributing to Non-Conformity			Goal/Negotiated Measure/Percent of Improvement	Action Steps	Method of Measurement	Benchmarks Toward Achieving Goal	Dates of Achievement	
							Benchmark	Goal
	A	N/A						
				Jeff Adams	Training agenda	33.1.b Implemented Module Four of the CPS Supervisor Training Project.	P-Mar 04 A-Apr 04	
					Training agenda	33.1.c Implemented Module Five of the CPS Supervisor Training Project.	P-Jul 04 A-Aug 04	
					Training agenda	33.1.d Implemented Module Six of the CPS Supervisor Training Project.	P-Oct 04 A-Nov 04	
					Debriefing report	33.1.e CPS Supervisor Training Project Debriefing.	P-Dec 04 A-Dec 04	
					List of trainings offered	33.1.f HRC supervisor administrative pre-service training began for CD supervisors.	P-Dec 04 A-Nov 04	
					Curriculum developed	33.1.g Professional Development and Training completed development of new supervisor training curriculum/structure including initial and on-going training.	P-July 05 A-Jul 05	
						33.1.h Training curriculum reviewed and approved by CD management.	P-Aug 05 A-	
						33.1.i Professional Development and Training selected one rural and one metro field test site.	P-Aug 05 A-	
						33.1.j Professional Development and Training field tested curriculum in two test sites	P-Sep 05 A-	
					Evaluation report	33.1.k Professional Development and Training evaluated field test results	P-Jan 06 A-	
					Curriculum revised	33.1.l Professional Development and Training, revised curriculum based on evaluation	P-Jan 06 A-	
						33.1.m Professional Development and Training implemented curriculum statewide.	P-June 06 A-	
				33.2 Develop advanced in-service training module for investigations and	Curriculum developed	33.2.a Professional Development and Training developed advanced in-service curriculum for investigators and assessors.	P-Oct 04 A-Sept 04	

Program Improvement Implementation								
1			2	3	4	5	6	7
Outcome or Systemic Factors and Item(s) Contributing to Non-Conformity			Goal/Negotiated Measure/Percent of Improvement	Action Steps	Method of Measurement	Benchmarks Toward Achieving Goal	Dates of Achievement	
							Benchmark	Goal
	A	N/A						
				assessments		33.2.b CD administration approved advanced investigation and assessment in-service training module.	P-Nov 04	
				Jeff Adams	Training dates	33.2.c Professional Development and Training began training advanced investigation and assessment curriculum.	A-Sept 04 P-Jan 05	
					Curriculum revised	33.2.d Professional Development and Training evaluated advanced investigation and assessment training module and made revisions.	A-Sept 04 P-June 05	
						33.2.e Professional Development and Training implemented revised investigation and assessment advanced in-service training statewide.	A-Jun 05 P-Jul 05	
				33.3 Develop advanced in-service training module for Family-Centered Services	Workgroup participant list	33.3.a Professional Development and Training formed workgroup to develop Family-Centered Services advanced in-service training module.	P-Feb 04 A-Feb 04	
				Jeff Adams	Focus group report	33.3.b Professional Development and Training workgroup conducted focus groups for feedback on Family-Centered Service training needs.	P-Mar 04 A-Mar 04	
						33.3.c Professional Development and Training reviewed Family-Centered Service focus group feedback.	P-Mar 04 A-Mar 04	
					Curriculum developed	33.3.d Professional Development and Training developed advanced in-service curriculum for Family-Centered Services.	P-Aug 05 A-	
						33.3.e CD administration approved advanced Family-Centered Services in-service training module.	P-Aug 05 A-	
					Training dates	33.3.f Professional Development and Training began training advanced Family-Centered Services curriculum.	P-Sep 05 A-	

Program Improvement Implementation								
1			2	3	4	5	6	7
Outcome or Systemic Factors and Item(s) Contributing to Non-Conformity			Goal/Negotiated Measure/Percent of Improvement	Action Steps	Method of Measurement	Benchmarks Toward Achieving Goal	Dates of Achievement	
							Benchmark	Goal
	A	N/A						
					Curriculum revisions	33.3.g Professional Development and Training evaluated advanced Family-Centered Services training module and made revisions.	P-Mar 06 A-	
						33.3.h Professional Development and Training implemented revised Family-Centered Services advanced in-service training statewide.	P-Sep 06 A-	
			33.4 Develop advanced in-service training module for Family-Centered Out-of-Home Care Services  Jeff Adams		Workgroup participant list	33.4.a Professional Development and Training formed workgroup to develop Family- Centered Out-of-Home Care Services advanced in-service training module.	P-Jun 04 A-Jun 04	
					focus group report	33.4.b Professional Development and Training workgroup conducted focus groups for feedback on Family-Centered Out-of-Home Care Services training needs.	P-Jul 04 A-Jul 04	
						33.4.c Professional Development and Training reviewed Family- Centered Out-of-Home Care Services focus group feedback.	P-Jul 04 A-Jul 04	
					Curriculum developed and reviewed	33.4.d Professional Development and Training developed advanced in-service curriculum for Family-Centered Out-of-Home Care Services and reviewed by OSCA.	P-Oct 05 A-	
						33.4.e CD administration approved advanced Family- Centered Out-of-Home Care Services in-service training module.	P-Nov 05 A-	
					Training dates	33.4.f Professional Development and Training began training advanced Family- Centered Out-of-Home Care Services curriculum in one metro and one rural site.	P-Dec 05 A-	

Program Improvement Implementation								
1			2	3	4	5	6	7
Outcome or Systemic Factors and Item(s) Contributing to Non-Conformity			Goal/Negotiated Measure/Percent of Improvement	Action Steps	Method of Measurement	Benchmarks Toward Achieving Goal	Dates of Achievement	
							Benchmark	Goal
	A	N/A						
					Curriculum revision	33.4.g Professional Development and Training evaluated advanced Family-Centered Out-of-Home Care Services training module and made revisions.	P-Mar 06 A-	
						33.4.h Professional Development and Training implemented revised Family-Centered Out-of-Home Care Services advanced in-service training statewide.	P-May 06 A-	
				33.5 Enhanced On-The-Job (OJT) Training  Jeff Adams	Workgroup participant list	33.5.a Professional Development and Training and Children's Services Specialist formed OJT workgroup.	P-Mar 04 A-Mar 04	
					Evaluation tools developed	33.5.b Workgroup developed new evaluation tools for OJT activities.	P-Mar 05 A-Mar 05	
						33.5.c Children's Services Specialists provided enhanced OJT in field and served as clinical mentors/trainers for OJT.	P-June 05 A-Jun 05	
				33.6 Create training advisory Committee to annually assess needs and evaluate training  Jeff Adams	Advisory Committee participant list	33.6.a Professional Development and Training created state training advisory committee, including schools of social work.	P-Mar 05 A-Apr 05	
					Mission statement	33.6.b Advisory committee developed a mission statement.	P-Apr 05 A-Pending	
					Written assessment plan	33.6.c Advisory Committee developed a written plan for assessing training needs	P-May 05 A-Pending	
					Written evaluation plan	33.6.d Advisory Committee developed a written plan for evaluating training needs	P-May 05 A-Pending	
						33.6.e Plan submitted to CD administrators for approval	P-Jul 05 A-Pending	
				33.7 Develop Child Abuse and Neglect Training (CA/N) Institute for CD staff	Committee participant list	33.7.a CA/N Training Institute Planning Partnership committee met to finalize topics and session content for upcoming three CA/N Training Institutes	P-Jan 04 A-Jan 04	

Program Improvement Implementation								
1			2	3	4	5	6	7
Outcome or Systemic Factors and Item(s) Contributing to Non-Conformity			Goal/Negotiated Measure/Percent of Improvement	Action Steps	Method of Measurement	Benchmarks Toward Achieving Goal	Dates of Achievement	
							Benchmark	Goal
	A	N/A						
				Cindy Wilkinson	Training agenda	33.7.b Held first CA/N Training Institute Session	P-Apr 04 A-Jun 04	
					Training agenda	33.7.c Held second CA/N Training Institute	P-Nov 04 A-Nov 04	
					Training agenda	33.7.d Held third CA/N Training Institute	P-Feb 05 A-Feb 05	
				33.8 Provide training based on circuit specific needs  Jeff Adams	Circuit Self-Assessments	33.8.a Circuits completed Circuit Self-Assessments	P-Aug 04 A-Aug 04	
						33.8.b Circuits notified Professional Development and Training Unit of targeted training needs	P-Nov 04 A-Nov 04	
						33.8.c Professional Development and Training Unit to began providing targeted training to circuits based on identified need	P-Jan 05 A-Jan 05	
Item 34: Provision of training for caregivers and adoptive parents that parents addresses the necessary skills and knowledge	X							
Item 35: Service array		X						
				35.1 Increase access and availability to dental services  Bonnie Washeck		35.1.a See WB3.22.1.a		
						35.1.b See WB3.22.1.b		
						35.1.c See WB3.22.1.c		
						35.1.d SeeWB3.22.1.d		
						35.1.e SeeWB3.22.1.e		
				35.2 Increase the ability of staff and families to access Alcohol and Drug Abuse Services (ADA)	Curriculum developed	35.2.a Professional Development and Training developed Family Drug and Safety Training based in focus group information	P-Jan 04 A-Jan 04	
					Training agenda and date	35.2.b Presented Drug training to focus group	P-Feb 04 A-Feb 04	



Program Improvement Implementation								
1			2	3	4	5	6	7
Outcome or Systemic Factors and Item(s) Contributing to Non-Conformity			Goal/Negotiated Measure/Percent of Improvement	Action Steps	Method of Measurement	Benchmarks Toward Achieving Goal	Dates of Achievement	
							Benchmark	Goal
	A	N/A						
				Jeff Adams	Field test training	35.2.c Field tested drug training in Southwest region	P-Jun 04 A-Jun 04	
					Training agenda	35.2.d Second field test conducted in Jefferson County	P-Nov 04 A-Nov 04	
					Curriculum revised	35.2.e Curriculum revised to reflect recommendations during field test, including target audiences and how many staff	P-Apr 05 A-Apr 05	
					Training dates and sites	35.2.f Completed three additional Family, Drugs and Safety trainings across the state.	P-June 06 A-	
				35.3 Increase availability of specialized foster homes for older youth, siblings, disabled and medically fragile children.  Cindy Wilkinson		35.3.a See P1.6.5.a		
						35.3.b See P1.6.5.b		
						35.3.c See P1.6.5.c		
						35.3.d See P1.6.5.d		
						35.3.e See P1.6.5.e		
				35.4 Increase availability of and access to parenting classes and family/parent aide services.  Bonnie Washeck	Circuit self-assessment	35.4.a Through circuit self-assessment, determined available parenting classes and family/parent aide services	P-Mar 05 A-Aug 04	
					CTS contracts	35.4.b Developed performance based CTS contracts for family/parent aide and parenting class service	P-Feb 06 A-	
				35.5 Increase services to meet the needs of non-English speaking consumers. Kathryn Sapp	Circuit self-assessments	35.5.a Through circuit self-assessment, determined available interpretive services for non-English speaking clients	P-Mar 05 A-Aug 04	
					Recruitment plans	35.5.b Developed recruitment plan for multi/bilingual staff in circuits with identified need	P-May 05 A-Jul 05	

Program Improvement Implementation								
1			2	3	4	5	6	7
Outcome or Systemic Factors and Item(s) Contributing to Non-Conformity			Goal/Negotiated Measure/Percent of Improvement	Action Steps	Method of Measurement	Benchmarks Toward Achieving Goal	Dates of Achievement	
							Benchmark	Goal
	A	N/A						
					Forms translated	35.5.c Made CD forms available in other languages (Spanish to accommodate growing Hispanic population)	P-Dec 05 A-	
				35.6 Increase availability of transportation services.  Bonnie Washeck	Circuit self-assessment	35.6.a Available transportation services determined through circuit self-assessment.	P-Mar 05 A-Aug 04	
						35.6.b Recruited regional service organizations to provide transportation services.	P-May 05 A- Jul 05	
					CTS contracts	35.6.c Issued state-wide transportation contracts.	P-Mar 06 A-	
Item 36: The services in item 35 are accessible to families and children in all political jurisdictions covered in the State's CFSP.		X						
				See Item 35, 1-6				
Item 37: The services in item 35 can be individualized to meet the unique needs of children and families served by the agency.		X						
				37.1 Increase access to existing services		See Item 35 1-6		
				37.2 Strengthen worker/supervisor skills in engaging families in the assessment, case		37.2.a See S2.3.2.a		
						37.2.b See S2.3.2.b		
						37.2.c See S2.3.2.c		
						37.2.d See S2.3.2.d		

Program Improvement Implementation								
1			2	3	4	5	6	7
Outcome or Systemic Factors and Item(s) Contributing to Non-Conformity			Goal/Negotiated Measure/Percent of Improvement	Action Steps	Method of Measurement	Benchmarks Toward Achieving Goal	Dates of Achievement	
							Benchmark	Goal
	A	N/A						
				planning and case plan review process to increase parent, caregiver (alternative care provider) and child involvement in case assessment, plan development and reassessment.  Kathryn Sapp		37.2.e See S2.3.2.e 37.2.f See S2.3.2.f		
Item 38: Engages in ongoing consultation with critical stakeholders in developing the CFSP	X							
Item 39: Develops annual progress reports in consultation with stakeholders	X							
Item 40: Coordinates services with other federal programs	X							
Item 41: Standards for foster family and child care institutions	X							
Item 42: Standards are applied equally to all foster family and child care institutions	X							
Item 43: Conducts necessary criminal background checks.	X							

Program Improvement Implementation								
1			2	3	4	5	6	7
Outcome or Systemic Factors and Item(s) Contributing to Non-Conformity			Goal/Negotiated Measure/Percent of Improvement	Action Steps	Method of Measurement	Benchmarks Toward Achieving Goal	Dates of Achievement	
							Benchmark	Goal
	A	N/A						
Item 44: Diligent recruitment of foster and adoptive families that reflect children's racial and ethnic diversity.		X						
				44.1 Increase the number of resource families.  Cindy Wilkinson		44.1.a See P1.6.5.a		
						44.1.b See P1.6.5.b		
						44.1.c See P1.6.5.c		
						44.1.d See P1.6.5.d		
						44.1.e See P1.6.5.e		
						44.1.f See P 2.12.3.a		
						44.1.g See P 2.12.3.b		
						44.1.h See P 2.12.3.c		
						44.1.i See P 2.12.3.d		
						44.1.j See P 2.12.3.e		
Item 45: Uses cross-jurisdictional resources to find placements	X							

**Children's Bureau  
Child and Family Services Reviews  
IV. Program Improvement Plan Matrix (PIP Matrix)**

State: Missouri

ACF Regional Office:

State contact and telephone: Lee Temmen, 573-526-3735         Region I         Region IV    X Region VII         Region X

ACF Contact and telephone: Ann Burds, 816 426-2260         Region II         Region V         Region VIII

Date and quarter submitted: November 30. 2005, 3rd Quarter         Region III         Region VI         Region IX

Updated January 31, 2006

A = Achieved

N/A = Not Achieved

**\*Performance derived using the average of pervious four quarters performance**

Program Improvement Implementation								
1			2	3	4	5	6	7
Outcome or Systemic Factors and Item(s) Contributing to Non-Conformity			Goal/Negotiated Measure/Percent of Improvement	Action Steps	Method of Measurement	Benchmarks Toward Achieving Goal	Dates of Achievement	
							Benchmark	Goal
	A	N/A						
<b>Safety Outcome S1:</b>								
<b>Item 1:</b> Timeliness of initiating investigations of reports of child maltreatment		X	Baseline 76.6% (derived from average of 8 quarters in FY 2003 and 2004)  <b>Performance after 3 Quarters = 80.6%*</b> <b>Goal Achieved</b>  Goal 80.4% (Goal established is calculated by taking the average of 8 quarters performance in 2003 and 2004 and adding 5% of the average to measure improvement. Progress to be tracked quarterly		Monitored through CD Outcomes Report Outcome #1: Improve timeliness of initial child contact.			Projected-Dec 2006  Actual-

Program Improvement Implementation								
1			2	3	4	5	6	7
Outcome or Systemic Factors and Item(s) Contributing to Non-Conformity			Goal/Negotiated Measure/Percent of Improvement	Action Steps	Method of Measurement	Benchmarks Toward Achieving Goal	Dates of Achievement	
							Benchmark	Goal
	A	N/A						
			over two year period from CD Outcomes Report).					
				S1.1.1 Clarify policy regarding timeliness of initiating reports of child maltreatment.  Kathryn Sapp		S1.1.1.a Refined definition of “initiating” reports.	P-Mar 05 A-Mar 05	
						S1.1.1.b Policy clarified regarding multi disciplinary team contact.	P- Mar 05 A-Mar 05	
						S1.1.1.c Policy clarified regarding face-to-face contact and determining safety of the child.	P-Mar 05 A-Mar 05	
					Policy issuance	S1.1.1.d Policy disseminated to all CD staff.	P-Mar 05 A-May 05	
				S1.1.2 Increase accuracy of data regarding initial contact.  Kathryn Sapp Susan Savage		S1.1.2.a Data system entry guidelines clarified for “initial contact”.	P-Aug 05 A-Aug 05	
						S1.1.2.b As determined, if needed by policy clarification, additional systems entry codes developed to capture accurate data.	P-Feb 06 A-	
					PRR revised	S1.1.2.c Revised Peer Record review questions to assess accuracy of coding.	P-Sept 05 A-Oct 05	
					Quarterly PRR results	S1.1.2.d Circuit Managers and the assisting QA specialists monitor quarterly Peer Record results and make recommendations for improvements.	P-Ongoing A-Ongoing A-Ongoing quarterly	
				S1.1.3 Study feasibility for alternative protocols for managing non CA/N referrals  Virginia Lewis-Brunk	Demographic data	S1.1.3.a CD/FSD assessed demographics for non CA/N referrals.	P-Apr 04 A-Apr 04	
					Protocol written	S1.1.3.b Protocol written for screening and assigning non CA/N referrals for test sites in Jackson, Clay and Platte Counties.	P-May 04 A-May 04	
					Training agenda	S1.1.3.c Training provided to CD/FSD workers and supervisors regarding new protocol for testing.	P-May 04 A-May 04	
						S1.1.3.d Launched a non CA/N referral alternate response process in Jackson, Clay and Platte Counties.	P-Jul 04 A-Jul 04	

Program Improvement Implementation								
1			2	3	4	5	6	7
Outcome or Systemic Factors and Item(s) Contributing to Non-Conformity			Goal/Negotiated Measure/Percent of Improvement	Action Steps	Method of Measurement	Benchmarks Toward Achieving Goal	Dates of Achievement	
							Benchmark	Goal
	A	N/A						
					Pilot data	S1.1.3.e Convened workgroup to evaluate CD/FSD pilot for non CA/N referrals.	P-Jan 05 A-Jan 05	
					Recommendations report	S1.1.3.f Workgroup to provide recommendations for modifications of non CA/N referral protocol and test site continuation.	P-Apr 05 A-Apr 05	
					Recommendation Plan	S1.1.3.g Recommendation plans finalized.	P-Apr 05 A-Apr 05	
					Implementation plan	S1.1.3.h Implementation plans finalized to implement in target areas	P-Aug 05 A-Apr 05	
				S1.1.4 Develop improvement plan to respond timely to reports of maltreatment  Kathryn Sapp	Circuit self-assessments	S1.1.4.a Circuit level assessment to evaluate CA/N response completed.	P-Oct 04 A-Aug 04	
					Established protocol	S1.1.4.b Local protocol for CA/N response established.	P-Mar 05 A-Mar 05	
					Implemented protocol	S1.1.4.c Implemented local protocol for improvement of maltreatment.	P-Apr 05 A-Apr 05	
						S1.1.4.d Monitored the improved timeliness of initial child contact.	P-Jul 05 A-Jul 05	
				S1.1.5 Call Management and Structured Decision Making (SDM) Protocols Implemented at the Child Abuse and Neglect Hotline Unit (CA/N HU) to provide consistent screening and classification of calls received.  Charlotte Gooch	Protocols developed	S1.1.5.a Began development of SDM and Call Management protocols for CA/N HU.	P-Dec 03 A- Dec 03	
						S1.1.5.b Incorporated SDM and Call management protocols into CA/N HU process.	P-Apr 04 A-Apr 04	
					Training agenda	S1.1.5.c Remaining CA/N HU staff trained on protocols and using call management system.	P-Aug 04 A-Aug 04	
					CA/N HU Supervisory Review Tool developed	S1.1.5.d CA/N HU Supervisory Review tool developed to assess quality.	P-Sept 05 A-Sept 05	
						S1.1.5.e CA/N Hotline protocols automated.	P-Sept 05 A-Jun 05	
					PRR revision	S1.1.5.f Added CA/N HU section to the Peer Record Review tool.	P-Sept 05 A-Oct 05	

Program Improvement Implementation								
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Outcome or Systemic Factors and Item(s) Contributing to Non-Conformity			Goal/Negotiated Measure/Percent of Improvement	Action Steps	Method of Measurement	Benchmarks Toward Achieving Goal	Dates of Achievement	
							Benchmark	Goal
	A	N/A						
					PRR tool analysis. On going data collected and reviewed quarterly.	S1.1.5.g Collected and analyzed PRR tool results for practice enhancements. Analysis.	P-Jan 2006 Ongoing Quarterly A-	
				S1.1.6 Revised policy relating to non CA/N referrals (M,P,N) given the division's need to better address its core functions and statutory mandates, with existing available resources.  Kathryn Sapp		S1.1.6.a Defined what statutory core functions are.	P-Dec 05 A-	
					Draft plan	S1.1.6.b Developed proposed plan for information dissemination on practice changes regarding non CA/N calls.	P- Dec 05 A-	
					Consult with NRC-CPS	S1.1.6.c Consulted with National Resource Center on Child Protective Services regarding non CA/N referrals.	P-Feb 06 A-	
						S1.1.6.d Shared proposed plan with CJA taskforce	P-Mar 06 A-	
					Policy developed	S1.1.6.e Policy changed for CANHU on the screening process for non CA/N calls.	P-Mar 06 A-	
					Training agenda	S1.1.6.f Training provided to CANHU staff on modified protocol changes.	P-Apr 06 A-	
					Notification letter	S1.1.6.g Notified known mandated reporters and other professional organizations on practice changes.	P- May 06 A-	
					Disseminate policy	S1.1.6.h Disseminate policy changes to all staff.	P-Jun 06 A-	
<b>Item 2: Repeat maltreatment</b>  <b>Recurrence of Maltreatment:</b>  Of all children who were victims of a substantiated or indicated maltreatment		X	CA/N Recidivism Nat'l Standard 6.1 % or less MO FFY 2003 NCANDS Baseline 8.3%  NCANDS Goal 7.4% (Based on Federal formula for goal setting)					P-Dec 2006  A-



Program Improvement Implementation								
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Outcome or Systemic Factors and Item(s) Contributing to Non-Conformity			Goal/Negotiated Measure/Percent of Improvement	Action Steps	Method of Measurement	Benchmarks Toward Achieving Goal	Dates of Achievement	
							Benchmark	Goal
	A	N/A						
report in the first six months of the fiscal year, what percent were victims of another substantiated or indicated report within a 6 month period			3rd quarter performance= 4.9%* based on quarterly Outcome Report not NCANDS. NCANDS data not available quarterly.					
				S1.2.1 Ensure consistent and accurate completion of SDM safety and risk assessment.  Kathryn Sapp Cindy Wilkinson	PRR revision	S1.2.1.a Incorporated SDM safety and risk assessment questions into Peer Record Review Tool.	P-Jan 04 A-Feb 04	
					Training curriculum	S1.2.1.b Modified BASIC training curriculum and ongoing training curriculum based on PRR results.	P-Feb 04 A-Mar 04	
					Training agenda	S1.2.1.c Conducted initial in-service training with CD and court staff.	P-Jun 04 A-Jun 04	
					Evaluation Report	S1.2.1.d Evaluated SDM Peer Record Review Outcomes.	P & A-On-going & quarterly	
					In-service training agenda	S1.2.1.e Convene workgroup to finalize SDM review tool and instruction to field.	P-Feb 05 A-Dec 04	
						S1.2.1.f Instruct field staff to review 10% of cases using SDM review tool.	P-Apr 05 A-Apr 05	
						S1.2.1.g Evaluate results of review, identify circuits whose needs are more imminent for the training.	P-Jul 05 A-Jul 05	
						S1.2.1.h As needed, provided training to circuits identified with imminent need.	P-Sep 05 ongoing A-Sep 05	

Program Improvement Implementation								
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Outcome or Systemic Factors and Item(s) Contributing to Non-Conformity			Goal/Negotiated Measure/Percent of Improvement	Action Steps	Method of Measurement	Benchmarks Toward Achieving Goal	Dates of Achievement	
							Benchmark	Goal
	A	N/A						
<b>Incidence of Child Abuse and/or Neglect in Foster Care:</b>  Of all children who were in foster care during the reporting period of the fiscal year, what percent experienced maltreatment from foster parents or facility staff members?			CA/N in AC Nat'l Standard 0.57% or less  MO FFY 2003 NCANDS Baseline 0.37%  <b>Goal Achieved</b>					P-Dec 2006  A-
				S1.2.2 Implementation of "Confirming Safe Environments" (CSE) process.  Susan Savage	Training agenda  Training agenda  Evaluation report  Modified curriculum  Submission of expansion and training plan	S1.2.2.a All staff trained in CSE process in test sites of Pettis, Cooper, and Greene.  S1.2.2.b Trained one Out-of-Home Unit on CSE in St. Louis City.  S1.2.2.c In-house expertise developed for training  S1.2.2.d Central Office staff summarized test site implementation in Pettis, Cooper and Greene for Child Protection  S1.2.2.e Strengths in summary and CSE curriculum identified by statewide committee.  S1.2.2.f Strengths in summary and CSE curriculum incorporated into policy and practice through policy memo and localized training.	P-Jul 04  A-Jul 04  P-Jul 04  A-Jul 04  P-Dec 04  A-Dec 04  P-Mar 05  A-Mar 05  P-Aug 05  A-Aug 05  P-Jan 06  A-	

Program Improvement Implementation								
1			2	3	4	5	6	7
Outcome or Systemic Factors and Item(s) Contributing to Non-Conformity			Goal/Negotiated Measure/Percent of Improvement	Action Steps	Method of Measurement	Benchmarks Toward Achieving Goal	Dates of Achievement	
							Benchmark	Goal
	A	N/A						
				S1.2.3 Strengthen policy regarding assessment of safety at and throughout placement.  Cindy Wilkinson	Policy developed	S1.2.3.a Developed policy regarding assessment of safety at and throughout placement.	P-May 05 R-Jan 06 A-	
					Policy disseminated	S1.2.3.b Disseminate policy and monitor through on going circuit self-assessments, PRR and supervisory oversight.	P-June 05 R-Feb 06 A-	
				S1.2.4 Practice Enhancement Teams (PET) assist Circuit Managers in development of improvement strategies to reduce repeat maltreatment and CA/N in foster care.  Bonnie Washeck		S1.2.4.a Developed PET roles and responsibilities.	P-Feb 05 A-Feb 05	
					Organizational Chart	S1.2.4.b PET teams developed.	P-Mar 05 A-Mar 05	
					Current data on repeat maltreatment	S1.2.4.c Convened PET teams to review Circuit Self-Assessments in the areas of repeat maltreatment and CA/N in foster care.	P-Apr 05 A-Apr 05	
					List of strategies –	S1.2.4.d PET teams and Circuit Managers developed improvement strategies.	P-May 05 A-Jul 05	
					Program improvement plans developed	S1.2.4.e Program improvement plans implemented by Circuit Managers and staff.	P-Aug 05 A-Aug 05	
				S1.2.5. Strengthen policy and practice relating to chronic neglect and accumulation of harm.  Kathryn Sapp	Analysis report	S1.2.5.a Statewide analysis of families with multiple reports completed by CD and Institute of Applied Research (IAR).	P-June 04 A-Feb 04	
					Waiver application	S1.2.5.b Submit revised Title IV-E waiver application for Chronic Neglect pilot.	P-Jan 05 A-May 05	
					Training curriculum	S1.2.5.c Training Curriculum for pilot sites developed regardless of waiver outcome.	P-July 05 A-Jun 05	
						S1.2.5.d Three pilot sites selected (Jasper, McDonald and Newton counties) based on negotiations with Federal partners.	P-July 05 A-Jun 05	
					Training agenda	S1.2.5.e Pilot sites trained by FCS consultants.	P-Jul 05 A-Jun 05	

Program Improvement Implementation								
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Outcome or Systemic Factors and Item(s) Contributing to Non-Conformity			Goal/Negotiated Measure/Percent of Improvement	Action Steps	Method of Measurement	Benchmarks Toward Achieving Goal	Dates of Achievement	
							Benchmark	Goal
	A	N/A						
					IAR Screening Tool	S1.2.5.f Used IAR’s screening tool to determine if families meet the CN criteria.	P-Nov 05	
					Tracking tool	S1.2.5.g Developed a tool for manual tracking of CN families to be utilized throughout pilot	P-Feb 06	
						S1.2.5.h Initiated pilots.	P-Apr 06	
					Evaluation report	S1.2.5.i CD staff evaluated effectiveness of pilot.	P-Oct 06	
					Outcome data	S1.2.5.j Based on results determine statewide applicability	P-Nov 06	
				S1.2.6 Develop performance-based contract for foster parents Bonnie Washeck	Licensing rules	S1.2.6.a Incorporated HB 1453 legislation regarding the Professional Family Development Plan (PFDP) into Licensing rules.	P-May 05	
						S1.2.6.b Identified the performance based criteria required for the PFDP.	P-Aug 05 A-Oct 05	
						S1.2.6.c Informed foster parents of PFDP criteria at assessment and reassessment	P-Aug 05 ongoing A-Oct 05	
					Memo	S1.2.6.d Identify plan to inform CD staff of new requirements for foster parents.	P-Nov 05 A-	
					Training agenda	S1.2.6.e Trained CD staff on PFDP and how to assist family in developing and implementing the plan.	P-Feb 06 A-	
						S1.2.6.f Identified resources for foster families to use to successfully implement PFDP.	P-Mar 06 A-	
						S1.2.6.g Initiated PFDP for all new and reassessed foster parents.	P-May 06 A-	
Safety Outcome S2:								

Program Improvement Implementation								
1			2	3	4	5	6	7
Outcome or Systemic Factors and Item(s) Contributing to Non-Conformity			Goal/Negotiated Measure/Percent of Improvement	Action Steps	Method of Measurement	Benchmarks Toward Achieving Goal	Dates of Achievement	
							Benchmark	Goal
	A	N/A						
<b>Item 3:</b> Services to family to protect child(ren) in home and prevent removal		X	Baseline 80.4%		Peer Record Review (PRR)			P-Dec 2006
			3rd quarter PRR results = 79.1%*  Goal 84.4% (Goal established is calculated by taking the average of 8 quarters performance in 2003 and 2004 and adding 5% of the average to measure improvement.)		IV-15 Rating of the overall quality of the service plan and service delivery			A-
				S2.3.1 Improve family assessment and case plan tools to better link service provision to the needs of the family identified in the initial and ongoing assessments; include a mechanism for family self-assessment and identified areas <b>specifically</b> related to child safety and risk concerns (to be completed concurrently with S2.3.2)	Draft of CD-14	S2.3.1.a CD-14 family assessment tool field test initiated in Circuit 2.	P-Sep 04 A-Sep 04	
						S2.3.1.b CD-14 family assessment tool field test expanded to other sites.	P-May 05 A-Feb 05	
					Evaluation report	S2.3.1.c Results of field test evaluated and analyzed by staff and work group.	P-Jun 05 A-Mar 05	
					Revised CD-14	S2.3.1.d Revised CD-14 as needed.	P-Jul 05 A-Apr 05	
						S2.3.1.e Recommendations regarding changes made.	P & A On-going	
					Policy issuance	S2.3.1.f Policy issued with new documents and instructions.	P-Oct 05 R-Jan 06 A-	
					Training	S2.3.1.g Training of existing staff completed.	P-Jan 06 A-	
						S2.3.1.h Incorporated changes into BASIC training.	P-Jan 06 A-	
				Kathryn Sapp				
				S2.3.2 Strengthen worker/supervisor skills in engaging families in the assessment, case planning and case plan		S2.3.2.a Conducted focus groups (workers, supervisors, circuit managers and consumers) in four circuits (circuits 1, 2, 10, 41) to identify clinical support needs.	P-Aug 04  A-Aug 04	

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							Benchmark	Goal
	A	N/A						
				review process to increase parent, caregiver (alternative care provider) and child involvement in case assessment, plan development and reassessment.  Bonnie Washeck	Supplemental Supervisory Training	S2.3.2.b Focus group results compiled and used for supplemental supervisory training.	P-Oct 04	
					Training curriculum developed and began	S2.3.2.c Training curriculum developed and supplemental FST training began.	A-Oct 04 P-Feb 05	
						S2.3.2.d Up to twenty sessions of Supplemental Supervisory training for all Supervisor I's began.	A-Feb 05 P-Feb 05 A-Mar 05	
					Training agenda and summary of feedback	S2.3.2.e Training provided for existing staff and feedback solicited from trainees on training.	P-Oct 05 A-Oct 05	
					Survey results and circuit improvement plans	S2.3.2.f PET teams annually analyzed family satisfaction survey data and PDR results for improvement with the expectation that circuits develop methods to improve.	P-Nov 05 annually A-	
				S2.3.3 Improve supervisory capacity to monitor enhanced practice relating to case planning.  Susan Savage		S2.3.3.a Reviewed existing supervisory case review tools.	P-May 05 A-May 05	
					Draft of tool	S2.3.3.b Created draft standardized supervisory case review tool.	P-June 05 A-Sep 05	
						S2.3.3.c Supervisory case review tool field tested by selected supervisors.	P-Sept 05 A-Sep 05	
					Feedback summary	S2.3.3.d Feedback from field testing reviewed by review team.	P-Jan 06 A-	
					Tool revision	S2.3.3.e Supervisory case review tool revised as needed.	P-Jan 06 A-	
					Protocol established and manual revision	S2.3.3.f Protocol for supervisory case review established and manual revisions made.	P-Jan 06 A-	
						S2.3.3.g System automation completed for supervisory case review tool.	P-Feb 06 A-	
					Policy disseminated and implemented	S2.3.3.h Supervisory case review tool and protocols approved and distributed for statewide use.	P-Feb 06 A-	

Program Improvement Implementation								
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							Benchmark	Goal
	A	N/A						
				S2.3.4 Establish procedures to access various service funding streams. Bonnie Washeck		S2.3.4.a Developed service access funding grid and guidelines.	P-Aug 05 A-Aug 05	
					Guidelines distributed	S2.3.4.b Distributed service access funding grid and guidelines to all staff.	P-Sept 05 A-Pending	
				S2.3.5. Per new legislation, develop state comprehensive children's mental health plan to increase level of cooperation between court, mental health, child welfare and families.  Jim Harrison		S2.3.5.a Barriers identified for children needing mental health services.	P-Jan 05 A-Jan 05	
						S2.3.5.b Funding mechanisms established for providing mental health services.	P-Jan 05 A-Jan 05	
					Coordination plan	S2.3.5.c Plan developed for coordination of resources from multiple agencies.	P-Jan 05 A-Jan 05	
						S2.3.5.d Evaluation methodology established.	P-Jan 05 A-Jan 05	
					Report submission	S2.3.5.e Report with recommendations submitted to legislators and governor.	P-Jan 05 A-Jan 05	
Item 4: Risk of harm to child(ren)		X	Baseline 89.4%  3rd quarter PRR results = 90.0 %  Goal 90.3% (Goal established is calculated by taking the average of 8 quarters performance in 2003 and 2004 and adding 1% of the average to measure improvement.)		PRR IV-13 Services being provided to the family are adequate to meet their needs as identified in the assessment.			P-Dec 2006  A-
				S2.4.1 Ensure consistent and accurate completion of SDM safety and risk assessment.	SDM Review Tool	S2.4.1.a See S1.2.1.a		
						S2.4.1.b See S1.2.1.b		
						S2.4.1.c See S1.2.1.c		
						S2.4.1.d See S1.2.1.d		
						S2.4.1.e See S1.2.1.e		

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	A	N/A						
				Cindy Wilkinson		S2.4.1.f See S1.2.1.f		
						S2.4.1.g See S1.2.1.g		
				S2.4.2 Implementation of "Confirming Safe Environments" process.		S2.4.2.a See to S1.2.2.a		
						S2.4.2.b See to S1.2.2.b		
						S2.4.2.c See to S1.2.2.c		
				Susan Savage		S2.4.2.d See to S1.2.2.d		
						S2.4.2.e See to S1.2.2.e		
						S2.4.2.f See to S1.2.2.f		
						S2.4.2.g See to S1.2.2.g		
				S2.4.3 Implement enhanced background screening for foster/kinship and court ordered providers.	Policy disseminated	S2.4.3.a Policy for enhanced background screening implemented statewide.	P-Aug 04	
							A-Aug 04	
						S2.4.3.b Policy updates and supervisory consultations with existing staff.	P-Aug 04 ongoing	
				Cindy Wilkinson			A-Aug 04 ongoing	
						S2.4.3.c Incorporated enhanced background screening into on-going STARS and BASIC training.	P-Nov 04	
							A-Nov 04	
				S2.4.4 Development of "Culture of Care Initiative" for improving safety and nurturance of children in a residential care setting.	Committee member list	S2.4.4.a Work committees formed with volunteers from residential sites to develop curriculum.	P-Jan 04	
					Curriculum	S2.4.4.b Curriculum Drafted.	A-Jan 04	
							P-Mar 04	
						S2.4.4.c Curriculum approved by CD administration.	A-Mar 04	
						S2.4.4.d Roundtables held with CEO's to discuss curriculum.	P-May 04	
							A-May 04	
				Fred Proebsting	Training agenda	S2.4.4.e NRC Train-the-Trainers session held/2 days in KC and St. Louis for residential licensed providers.	P-Jul 04	
							A-Jul 04	
						S2.4.4.f Measured through a reduction of the number of preponderance of evidence reports received by the residential treatment facilities.	P-Aug 04	
							A-Aug 04	
							P-Ongoing	
							A-Ongoing	



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							Benchmark	Goal
	A	N/A						
				S2.4.5 Improve family assessment and case plan tools to better link service provision to the needs of the family identified in the initial and ongoing assessments; include a mechanism for family self-assessment and identified areas <b>specifically</b> related to child safety and risk concerns.		S2.4.5.a See S2.3.1.a		
						S2.4.5.b See S2.3.1.b		
						S2.4.5.c See S2.3.1.c		
						S2.4.5.d See S2.3.1.d		
						S2.4.5.e See S2.3.1.e		
						S2.4.5.f See S2.3.1.f		
						S2.4.5.g See S2.3.1.g		
						S2.4.5.h See S2.3.1.h		
<b>Permanency Outcome 1</b>		X						
<b>Item 5</b>	X		Passed CFSR On-site review and 2002 AFCARS					
<b>Item 6:</b> Stability of foster care placement		X	Stability in foster care. Nat'l Standard 86.7% or more  3rd quarter performance based on quarterly outcomes report = 74.5%* not AFCARS formula. AFCARS data not available. MO FFY 2003 78.6% AFCARS Goal 80.5% (Based on Federal formula for goal setting)					P-Dec 2006  A-

Program Improvement Implementation								
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	A	N/A						
				P1.6.1 Increase system capacity to accurately track placement kinship vendor types.  Lesley Pettit		P1.6.1.a Logic created to track additional placement types 1) Kin, Related, Not licensed 2) Kin, Non-related, Not licensed 3) Kin, Non-related, Licensed.	P-Mar 05  A-Feb 05	
						P1.6.1.b Coding changes in Legacy completed.	P-May 05 A-May 05	
					Policy disseminated	P1.6.1.c Policy updated and distributed to CD staff.	P-Aug 05 A-Sep 05	
					Data converted	P1.6.1.d Staff will convert existing data to reflect accurate placement types.	P-Dec 05 A-	
					Quarterly Outcome Report	P1.6.1.e Coding changes to be reflected in Quarterly Outcome Report.	P-Apr 06 A-	
				P1.6.2 Improve diligent search for relatives/missing parents.  Bonnie Washeck		P1.6.2.a Potential explored for CD staff to access existing diligent search mechanisms.	P-Jul 04  A-Jul 04	
					Procedure disseminated	P1.6.2.b Diligent search procedure developed, distributed, and monitored through supervisory oversight.	P-Aug 04  A-Aug 04	
						P1.6.2.c Established agreements, as necessary, with other state agencies (possibly through Family Support Division and OSCA) to enhance access to state databases as mechanisms for diligent search.	P-Mar 05  A-Apr 05	
					Quarterly outcome reports	P1.6.2.d CD staff utilize enhanced diligent search mechanism and monitored through supervisory oversight.	P-Apr 05  A-Apr 05	
				P1.6.3 Expand use of family support team meetings to promote stability in alternative care placements  Kathryn Sapp	Plan disseminated	P1.6.3.a Plan written and disseminated for HB 1453 requirement of a FST prior to or immediately after an impending move.	P-Aug 04  A-Aug 04	
						P1.6.3.b Made ACTS system changes to track FSTs held prior to or immediately after a move.	P-Aug 04  A-Aug 04	

Program Improvement Implementation								
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							Benchmark	Goal
	A	N/A						
				Cindy Wilkinson		P1.6.3.c Central Office staff provided training to regional staff on HB 1453 requirements	P-Aug 04 A-Aug 04	
						P1.6.3.d Regional staff provided localized training to existing staff on HB 1453 requirement	P-Sep 04 A-Sep 04	
						P1.6.3.e Policy incorporated into BASIC training.	P-Dec 04 A-Dec 04	
					PRR	P1.6.3.f Updated PRR to assure pre-placement FSTs.	P-Feb 05 A-Mar 05	
				P1.6.4 Identify resource family types and shortages	Circuit data	P1.6.4.a Resource and recruitment contractors worked with circuits to determine resource family needs.	P-Mar 05 A-Apr 05	
				Cindy Wilkinson	Circuit management plan	P1.6.4.b Recruitment plan targeting resource families written into a circuit management plan to address identified need.	P-May 05 A-Jul 05	
					Contract extension	P1.6.4c Extended current Foster Care/Adoption Resource Services contract	P-Nov 05 A-	
					Circuit progress reports	P1.6.4d Circuit reported quarterly progress on recruitment activities	P-Feb 06 quarterly A-	
					NRC Technical Assistance plan	P1.6.4e Consulted with the National Resource Center for Family Centered Practice and Permanency Planning regarding recruitment of resource families.	P-Mar 06 A-	
				P1.6.5 Increase number of resource families	Recruitment and retention plan developed	P1.6.5.a Recruitment and retention plan for foster home serving older youth implemented through Chafee program.	P-Jun 04 A-Jun 04	
				Cindy Wilkinson	Adopt US Kids campaign	P1.6.5.b Implemented Adopt US Kids campaign.	P-Jul 04 A-Jul 04	

Program Improvement Implementation								
1			2	3	4	5	6	7
Outcome or Systemic Factors and Item(s) Contributing to Non-Conformity			Goal/Negotiated Measure/Percent of Improvement	Action Steps	Method of Measurement	Benchmarks Toward Achieving Goal	Dates of Achievement	
							Benchmark	Goal
	A	N/A						
					Request for Proposal	P1.6.5.c RFP written and released for performance based case management contracts (PBC).	P-Apr 05 A-Apr 05	
					Award letters	P1.6.5.d Awarded PBC contracts.	P-Jun 05 A-Jun 05	
						P1.6.5.e PBC Case Management Services began	P-Sep 05 A-Sep 05	
					Contract extension	P1.6.5.f Extended current Foster Care/Adoption Resource Services contract.	P-Nov 05 A-	
					ACTS data report	P1.6.5.g Quarterly report on PBC contractors' performance on stated child outcome on safety, permanency, and stability.	P-Feb 06 quarterly A-	
					NRC Technical Assistance plan	P1.6.5.h Consulted with the National Resource Center for Family Centered Practice and Permanency Planning regarding recruitment of resource families.	P-Mar 06 A-	
					Annual report	P1.6.5.i Annual report to General Assembly regarding PBC regarding case management, recruitment and training outcomes.	P-Jul 06 annually A-	
				P1.6.6 Increase placement stability by improving matching capabilities for children in out-of-home settings.  Cindy Wilkinson		P1.6.6.a Consulted with the National Resource Center for Family Centered Practice and Permanency Planning regarding "critical" factors in placement stability.	P-Mar 06 A-	
					Survey results	P1.6.6.b Surveyed resource families to gather information regarding placement stability.	P-May 06 A-	
						P1.6.6.c Developed a placement matching tool designed for use in team decision making.	P-Oct 06 A-	
					Matching tool developed disseminated	P1.6.6.d Tool disseminated with instructions.	P-Nov 06 A-	

Program Improvement Implementation								
1			2	3	4	5	6	7
Outcome or Systemic Factors and Item(s) Contributing to Non-Conformity			Goal/Negotiated Measure/Percent of Improvement	Action Steps	Method of Measurement	Benchmarks Toward Achieving Goal	Dates of Achievement	
							Benchmark	Goal
	A	N/A						
						P1.6.6.e Tool incorporated into BASIC training and supervisory oversight provided to existing staff.	P-Dec 06 A-	
				P1.6.7 Evaluate support and training provided for relative/kinship resource families  Cindy Wilkinson Jeff Adams	Survey	P1.6.7.a Surveyed current relative caregivers on the adequacy of the Caregiver who Knows the Child training curriculum.	P-Dec 05 A-	
					Analysis report	P1.6.7.b Data Collected and analyzed.	P-Feb 06 A-	
					Curriculum revision	P1.6.7.c Based on curriculum modifications, training to began to be delivered to newly licensed relative/kinship providers.	P-Sep 06 A-	
<b>Item 7:</b> Permanency goal for child		X	Baseline 85.9%  3rd quarter PRR results = 84.4%  Goal 90.2% (Goal established is calculated by taking the average of 8 quarters performance in 2003 and 2004 and adding 5% of the average to measure improvement.)		PRR V-12 The permanency plan was developed and it includes options for concurrent planning.			P-Dec 2006  A-
				P1.7.1 Ensure the frequency and timeliness of Family Support Team Meetings occurs per policy Kathryn Sapp Cindy Wilkinson	Circuit Self Assessment	P1.7.1.a Circuit Managers analyzed FST frequency data through circuit self assessment.	P-Aug 04 A-Aug 04	
					Corrective action plans	P1.7.1.b Initiated corrective action when data falls below goal set in strategic plan.	P-Feb 05 A-Apr 05	
					Quarterly data reports	P1.7.1.c Circuit Managers assisted by PET monitored frequency data	P & A- Ongoing quarterly	

Program Improvement Implementation								
1			2	3	4	5	6	7
Outcome or Systemic Factors and Item(s) Contributing to Non-Conformity			Goal/Negotiated Measure/Percent of Improvement	Action Steps	Method of Measurement	Benchmarks Toward Achieving Goal	Dates of Achievement	
							Benchmark	Goal
	A	N/A						
				P1.7.2 Improve quality of Family Support Teams (FSTs) to ensure permanency goal is reviewed and established  Kathryn Sapp Cindy Wilkinson		P1.7.2.a Made ACTS systems changes to track permanency reviews separately from FSTs.	P-Aug 04 A-Aug 04	
					Policy developed	P1.7.2.b Policy written on ACTS systems changes and elements necessary for permanency reviews.	P-Sep 04 A-Aug 04	
					Policy disseminated	P1.7.2.c Policy disseminated to all staff.	P-Sep 04 A-Aug 04	
					Training agenda	P1.7.2.d Incorporated ACTS system changes and policy into BASIC and computer systems training.	P-Jan 05 A-Oct 04	
					List of facilitators	P1.7.2.e Identified individuals who will serve as expert facilitators for more difficult FSTs.	P-Mar 05 A-Jul 05	
					Protocol developed	P1.7.2.f Protocol developed for accessing expert facilitators.	P-Apr 05 A-May 05	
					Training agenda	P1.7.2.g Trained expert facilitators.	P-Apr 05 R-Jan 06 A-	
					Memo disseminated	P1.7.2.h Memo describing expert facilitator access protocol and expert facilitator duties distributed to all staff.	P-Apr 05 R-Jan 06 A-	
				P1.7. 3 Strengthen policy and practice relating to concurrent planning.  Cindy Wilkinson		P1.7.3.a Circuit Managers monitored outcomes through PRR tool.	P-Mar 05 A-Mar 05	
					Improvement plans	P1.7.3.b Circuit Managers assisted by the PET to develop improvement plans.	P-May 05 A- Jul 05	
					Training curriculum and revised child welfare manual	P1.7.3.c Integrated concurrent planning into Advanced FCOOHC In-Service Module training and child welfare manual.	P-May 06 A-	
				P1.7.4 Increase collaboration with courts by providing cross training to judiciary, court staff, GALs and Children's	Training curriculum	P1.7.4.a CD partnered with OSCA to develop training curriculum.	P-Jan 04 A-Jan 04	
						P1.7.4.b Developed draft plan to address logistics of proposed training.	P-Jan 04 A-Jan 04	
						P1.7.4.c Submitted draft to management of CD/OSCA.	P-Feb 04 A-Feb 04	

Program Improvement Implementation								
1			2	3	4	5	6	7
Outcome or Systemic Factors and Item(s) Contributing to Non-Conformity			Goal/Negotiated Measure/Percent of Improvement	Action Steps	Method of Measurement	Benchmarks Toward Achieving Goal	Dates of Achievement	
							Benchmark	Goal
	A	N/A						
				Division staff on ASFA & Permanency hearings consistent with state and federal regulations.  Cindy Wilkinson	Contract developed	P1.7.4.d Developed a contract to provide cross training to judiciary, court staff, GAL's and CD staff.	P-Mar 04 A-Mar 04	
						P1.7.4.e Management approved draft.	P-Apr 04 A-Apr 04	
					Training agenda and curriculum	P1.7.4.f Training implemented by CD/OSCA to include concurrent planning training.	P-Jun 04 A- Sept 04 ongoing twice per year	
<b>Item 8:</b> Reunification, guardianship, or permanent placement with relatives.		X	Reunification Nat'l Standard 76.2% or more  MO FFY 2003 AFCARS Baseline 59.8%  AFCARS Goal 62.2% (Based on Federal formula for goal setting).  3rd quarter performance based on quarterly outcomes report = 68.5 % not AFCARS. AFCARS data not available.					P-Dec 2006  A-
				P1.8.1 Address permanency and services needs of children in Legal Status 2, 3, and 4	Data reports	P1.8.1.a Prepared data on legal status 2, 3, and 4 children.	P-Dec 04 A-Feb 05	
					Workgroup member list	P1.8.1.b Developed workgroup to examine legal status 2, 3, and 4 children (include in workgroup OSCA, CD, and metro sites).	P-Feb 05  A-Apr 05	

Program Improvement Implementation								
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Outcome or Systemic Factors and Item(s) Contributing to Non-Conformity			Goal/Negotiated Measure/Percent of Improvement	Action Steps	Method of Measurement	Benchmarks Toward Achieving Goal	Dates of Achievement	
							Benchmark	Goal
	A	N/A						
				Bonnie Washeck	Case review results report	P1.8.1.c Conducted special case reviews on legal status 2, 3, and 4 cases.	P-Apr 05	
					Summary of meeting decisions	P1.8.1.d CD met with DLS and OSCA to determine legal obligations related to legal status 2, 3, and 4 children.	A-May 05	
						P1.8.1.e Revise AFCARS population if necessary.	P-Apr 05	
					Protocol developed	P1.8.1.f Developed policy and protocol on worker duties related to legal status 2, 3, and 4 cases.	A-Jul 05	
					Comparison data	P1.8.1.g Caseload analysis (comparison to LS1) completed Legal status 2, 3, and 4.	P-Sept 05	
					PRR	P1.8.1.h Incorporated Legal status 2, 3, and 4 cases into established Peer Record Review process.	A-Oct 05	
				P1.8.2 Establish procedures to access various service funding streams.		P1.8.2.a See S2.3.4.a.		
				Bonnie Washeck		P1.8.2.b See S2.3.4.b.		
				P1.8.3 Ensure frequency and timeliness of Family Support Team Meetings occurs per policy.		P1.8.3.a See P1.7.1.a		
						P1.8.3.b See P1.7.1.b		
						P1.8.3.c See P1.7.1.c		
				Kathryn Sapp Cindy Wilkinson		P1.8.4.a See P1.7.2.a		
						P1.8.4.b See P1.7.2.b		
						P1.8.4.c See P1.7.2.c		
						P1.8.4.d See P1.7.2.d		
						P1.8.4.e See P1.7.2.e		



Program Improvement Implementation								
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Outcome or Systemic Factors and Item(s) Contributing to Non-Conformity			Goal/Negotiated Measure/Percent of Improvement	Action Steps	Method of Measurement	Benchmarks Toward Achieving Goal	Dates of Achievement	
							Benchmark	Goal
	A	N/A						
				Kathryn Sapp Cindy Wilkinson		P1.8.4.f See P1.7.2.f P1.8.4.g See P1.7.2.g P1.8.4.h See P1.7.2.h		
				P1.8.5 Increase collaboration with courts by providing cross training to new judiciary, court staff, Children's Division staff and GAL's on ASFA & Permanency hearings consistent with state and federal regulations  Cindy Wilkinson		P1.8.5.a See P1.7.4.a P1.8.5.b See P1.7.4.b P1.8.5.c See P1.7.4.c P1.8.5.d See P1.7.4.d P1.8.5.e See P1.7.4.e P1.8.5.f See P1.7.4.f		
				P1.8.6 Increase collaboration with courts by providing cross training to judiciary, court staff, GAL's and Children's Division staff regarding roles and responsibilities.  Cindy Wilkinson	Contract developed	P1.8.6.a Contract developed to provide training.	P-Apr 04 A-Apr 04	
					Meeting minutes	P1.8.6.b Meeting held to discuss roles and responsibilities of CD and Juvenile Officers.	P-Dec 04 A-Oct 04	
					Training agenda	P1.8.6.c Training provided to judiciary, court staff, GAL's and CD staff	P-May 05  A-May 05	
				P1.8.7 Collaborate with OSCA to explore barriers that would allow Juvenile Courts to enter temporary custody orders and transfer jurisdiction to Probate & Circuit Courts to expedite guardianship.	Meeting Minutes	P1.8.7.a Meeting held (with OSCA, CD, and DLS) to look at existing data and practices to identify problem areas and barrier to expeditious guardianship, including legislative and policy change.	P-Mar 05  A-Oct 04	
					Proposal drafted	P1.8.7.b Proposal drafted for legislative change.	P-Mar 05 A-Oct 04	
						P1.8.7.c Written proposal reviewed by OSCA, CD and DLS.	P-Mar 05 A-Sept 04	

Program Improvement Implementation								
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							Benchmark	Goal
	A	N/A						
				Jim Harrison		P1.8.7.d Proposal finalized and presented to Department for legislative change.	P-Mar 05 A-Jan 05	
				P1.8.8 Determined policy remedy to be used in addition or in lieu of any legislative change referred in P1.8.7.  Jim Harrison Lesley Pettit		P1.8.8a Each circuit determined strategies with their court to expedite guardianship for children placed with relatives in CD custody.	P-Oct 05 A-Oct 05	
						P1.8.8.b See P1.6.1a		
						P1.8.8.c See P1.6.1b		
						P1.8.8.d See P1.6.1c		
						P1.8.8.e See P1.6.1d		
						P1.8.8.f See P1.6.1e		
<b>Item 9: Adoption</b>	X		Adoption Nat'l Standard 32% or more  MO FFY 2003 AFCARS Baseline 38.5%  <b>Goal achieved</b>					P- Dec 2006 A-
				P1.9.1 Termination of Parental Rights will be filed in a timely manner, except when compelling reasons are documented.  Cindy Wilkinson Kathryn Sapp	Data report	P1.9.1.a.Examine TPR data from current information system.	P-Feb 05 A-Feb 05	
					Circuit reports on outcomes of meetings with courts.	P1.9.1.b Initiated local circuit meetings with Judicial Courts to address local procedures for filing of TPR petitions.	P-Jun 05 A-Jul 05	
					Policy developed	P1.9.1.c Developed policy for supervisor and staff responsibilities in documenting compelling reasons for not filing TPR.	P-Jun 05 A-Jul 05	
					Policy disseminated	P1.9.1.d Policy disseminated to staff and supervisory oversight	P-Aug 05 R-Jan 06 A-	
						P1.9.1.e Incorporated into BASIC training.	P-Jun 05 R-Feb 06 A-	

Program Improvement Implementation								
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Outcome or Systemic Factors and Item(s) Contributing to Non-Conformity			Goal/Negotiated Measure/Percent of Improvement	Action Steps	Method of Measurement	Benchmarks Toward Achieving Goal	Dates of Achievement	
							Benchmark	Goal
	A	N/A						
					PRR monitoring	P1.9.1.f Quarterly monitoring by PRR.	P&A ongoing quarterly	
						P1.9.1.g Incorporated into Advanced FCOOHC In-service module training.	P-May 06 A-	
				P1.9.2 Increase number of resource families.  Cindy Wilkinson	Performance based contracts and outcome reports	P1.9.2.a See P1.6.5.a P1.9.2.b See P1.6.5.b P1.9.2.c See P1.6.5.c P1.9.2.d See P1.6.5.d P1.9.2.e See P1.6.5.e		
				P1.9.3 Increase capacity to conduct home studies and finalize adoptions.  Cindy Wilkinson	Request for Proposal	P1.9.3.a RFP written for performance based case management contracts	P-Sep 04 A-Sep 04	
					Workload staffing analysis	P1.9.3.b Conducted a workload staffing analysis to determine staffing need for completing home studies and finalized adoptions.	P-Mar 05 A-Mar 05	
					Award letters	P1.9.3.c Awarded performance based case management contracts	P-Mar 05 A-Jun 05	
					Staffing report	P1.9.3.d Committed additional staff (private or public) as needed per available resources.	P-Jul 05 A-Aug 05	
				P1.9.4 Improve access to legal representation for CD staff  Jim Harrison		P1.9.4.a DLS identified plan to fill vacant FTE's or contract for attorneys.	P-Jul 04 A-Jul 04	
						P1.9.4.b Additional attorneys hired and placed.	P-Sep 04 A-Sep 04	
					Establish workgroup	P1.9.4.c CD/DLS established a work group to develop a protocol for CD staff to access DLS attorneys or contractors.	P-Mar 05 A-Apr 05	
					Develop draft protocol	P1.9.4.d Draft Protocol developed.	P-Apr 05 A-Apr 05	
						P1.9.4.e CD legal representation at court hearings monitored by CD/DLS joint committee for improvement.	P-July 05 Ongoing A-Jul 05	

Program Improvement Implementation								
1			2	3	4	5	6	7
Outcome or Systemic Factors and Item(s) Contributing to Non-Conformity			Goal/Negotiated Measure/Percent of Improvement	Action Steps	Method of Measurement	Benchmarks Toward Achieving Goal	Dates of Achievement	
							Benchmark	Goal
	A	N/A						
					Draft joint memo	P1.9.4.f Draft joint memo with DLS to assist CD staff in developing a clearer understanding on how to access legal services.	P- Jul 05 A-Jul 05	
					Memo disseminated	P1.9.4.g Memo and Protocol disseminated to staff and adopted.	P-Oct 05 A-Sep 05	
Item 10: Other planned living arrangement		X	Baseline 63.6%  3rd quarter results for PRR V-22 = 48.8%  Goal = 66.4%  Baseline 63.3%  Goal = 66.4%  3rd quarter results for PRR V-21 = 69.8%* Goal achieved  Goal established is calculated by taking the average of 8 quarters performance (in 2003 and 2004 and adding 5% of the average to measure improvement.)		PRR V-22 Youth 16 or older have an ILP plan documented in the case record (CS-1 Att.)  PRR V-21 Youth 16 or over, are participating in or have completed ILP classes			P-Dec 2006  A-
				P1.10.1 Increase number and quality of resource families for older youth		P1.10.1.a See P1.6.5.a P1.10.1.b See P1.6.5.b P1.10.1.c See P1.6.5.c P1.10.1.d See P1.6.5.d P1.10.1.e See P1.6.5.e		

Program Improvement Implementation								
1			2	3	4	5	6	7
Outcome or Systemic Factors and Item(s) Contributing to Non-Conformity			Goal/Negotiated Measure/Percent of Improvement	Action Steps	Method of Measurement	Benchmarks Toward Achieving Goal	Dates of Achievement	
							Benchmark	Goal
	A	N/A						
				Cindy Wilkinson	Discuss recruitment activities	P1.10.1.f Met with IL Specialists to discuss strategies on recruitment activities for locating homes for older youth.	P-Mar 05	
					Recruitment activities report	P1.10.1.g Met with IL Specialists to report on community recruitment activities.	A-Mar 05	
						P1.10.1.h Incorporated Ready, Set, Fly curriculum and Chafee video into foster parent training.	P-Jun 05 A-Jun 05	
				P1.10.2 Increase awareness of Chafee program services to staff and community members  Cindy Wilkinson			P-Sep 05 A-Sep 04	
					Distribute ETV material	P.1.10.2.a Increased awareness of Education and Training Voucher Program through distributing information material to secondary and higher education programs	P-Jan 04 A-Jan 04	
					Youth conference	P1.10.2.b State Youth Advisory Board (SYAB) designed and hosted annual youth empowerment conference	P-Jul 04 annually A-Jul 04 Annually	
					Provide information meetings	P1.10.2.c ILP staff provided Chafee informational meetings, seminars, workshops to CD staff, foster parents, juvenile court, and youth serving agencies.	P- Mar 04 Ongoing A-Mar 04 Ongoing	
					Write and disseminated memo	P1.10.2.d CD memo written and disseminated to staff involving ILP staff in the case planning process for older youth and referring age appropriate youth for Chafee services.	P-May 05 A-Sep 05	
				P1.10.3 Increase program accessibility to provide life skills training services for older youth	Distributed ETV poster	P1.10.2.e Designed and distributed ETV poster to schools and youth serving agencies	P-May 05 A-Aug 05	
					Implement Pre-ILP Training curriculum	P1.10.3.a Designed and Implemented Pre-ILP Life Skills training curriculum for youth 14-15.	P-June 04 A- June 04	
					Youth conference	P1.10.3.b State Youth Advisory Board (SYAB) designed and hosted annual	P-July 04 annually	

Program Improvement Implementation								
1			2	3	4	5	6	7
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							Benchmark	Goal
	A	N/A						
				Cindy Wilkinson		youth empowerment conference	A-July 04 Annually	
					Consult with SYAB	P1.10.3.c Consulted with SYAB members on needs of older youth.	P-Dec 04 Ongoing A- Dec 04 Ongoing	
					Convene workgroup and address recommendations	P1.10.3.d Convened workgroup to address recommendations from Chafee stakeholder and transitional living meetings on designating positions and training plan for adolescent workers	P-Feb 05  A-Feb 05	
					Provide training to selected staff in designed areas	P1.10.3.e Training provided in designate areas to selected staff interested in adolescent worker positions	P-Feb 05  A-Feb 05	
					CD memo	P1.10.3.f CD memo written and disseminated to staff involving ILP staff in the case planning process for older youth and referring age appropriate youth for Chafee services	P-May 05  A-Sep 05	
<b>Permanency Outcome P2:</b>								
<b>Item 11:</b> Proximity of foster care placement	X							
<b>Item 12:</b> Placement with siblings		X	Baseline 85.6  3rd quarter PRR results = <b>87.9%</b>  Goal 89.9% (Goal established is calculated by taking the average of 8 quarters performance in 2003 and 2004 and		Monitored through Peer Record Review Question V-4: Siblings are placed together or there is ongoing visitation			P-Dec 2006 A-

Program Improvement Implementation								
1			2	3	4	5	6	7
Outcome or Systemic Factors and Item(s) Contributing to Non-Conformity			Goal/Negotiated Measure/Percent of Improvement	Action Steps	Method of Measurement	Benchmarks Toward Achieving Goal	Dates of Achievement	
							Benchmark	Goal
	A	N/A						
			adding 5% of the average to measure improvement).					
				P2.12.1 Increase the number of siblings placed together  Kathryn Sapp	Policy developed	P2.12.1.a Policy developed for FST to be required prior to separating siblings at any time during placement episode.	P-Aug 04	
					Policy enhancement	P2.12.1.b Enhanced policy addressing the continual need for maintaining sibling relationship.	A-Aug 04	
					PRR results & Improvement plans	P2.12.1.c Circuit Managers monitored quarterly PRR results and improvement plans developed.	P-Aug 04	
					Administrative review developed	P2.12.1.d Developed administrative process to review cases after siblings are separated after 30 days.	A-Aug 04	
				P2.12.2 Develop an ongoing training module regarding sibling placements for staff, foster parents, and juvenile court staff.  Jeff Adams		P2.12.2.a Emphasis on the importance of sibling bonds, long term effects of separation, and importance of visitation, parentified child and sibling rivalries incorporated into foster parent training.	P-Feb 05	
						P2.12.2.b See P1.7.4.a	Ongoing Quarterly A-Ongoing	
						P2.12.2.c See P1.7.4.b	P-Nov 05	
						P2.12.2.d See P1.7.4.c	A-	
						P2.12.2.e See P1.7.4.d		
						P2.12.2.f See P1.7.4.e		
						P2.12.2.g See P1.7.4.f		
				P2.12.3 Increase capacity for resource	Training module	P2.12.2.h Emphasis on the importance of sibling bonds, long term effects of separation, and importance of visitation, parentified child and sibling rivalries incorporated into BASIC and advanced FCOOHC In-Service training module.	P-May 06	
						P2.12.3.a See P1.6.5.a	A-	
						P2.12.3.b See P1.6.5.b		

Program Improvement Implementation								
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Outcome or Systemic Factors and Item(s) Contributing to Non-Conformity			Goal/Negotiated Measure/Percent of Improvement	Action Steps	Method of Measurement	Benchmarks Toward Achieving Goal	Dates of Achievement	
							Benchmark	Goal
	A	N/A						
				families that accept sibling groups.  Cindy Wilkinson		P2.12.3.c See P1.6.5.c P2.12.3.d See P1.6.5.d P2.12.3.e See P1.6.5.e		
Item 13: Visiting with parents and siblings in foster care.		X	Baseline 89.4 %  3rd quarter PRR results = <b>85.4%</b>  Goal 90.3% (Goal established is calculated by taking the average of 8 quarters performance in 2003 and 2004 and adding 1% of the average to measure improvement).  Baseline 85.6%  3rd quarter PRR results = <b>87.9%</b>  Goal 89.9% (Goal established is calculated by taking the average of 8 quarters performance in 2003 and 2004 and adding 5% of the average to measure Improvement).		Parents' visits monitored through PRR Question V-13. There is a current visitation plan in place to facilitate reunification.  Sibling visits monitored through Peer Record Review question V-4: Siblings are placed together or there is ongoing visitation.			P-Dec 2006  A-
				P2.13.1 Increase frequency and quality of parent/child and	Policy revision	P2.13.1.a Revised policy to improve qualitative and quantitative visitation plan requirements.	P-Aug 05 R-Jan 06 A-	



Program Improvement Implementation								
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							Benchmark	Goal
	A	N/A						
				sibling visits.  Cindy Wilkinson		P2.13.1.b Incorporated policy revision into BASIC training and supervisory oversight provided to existing staff.	P-Sept 05 R-Feb 06 A-	
					PRR	P2.13.1.c Incorporated revisions into PRR tool.	P-Sept 05 R-Mar 06 A-	
					Revised policy and training module	P2.13.1.d Policy revision incorporated and staff training began: Advanced FCOOHC In-Service training module.	P-May 06  A-	
					Quarterly data reports	P2.13.1.e Circuit Managers monitor data regarding frequency of parent/child/sibling visits.	P-Oct 05 R-Jul 06 A-	
					Practice improvement plans developed	P2.13.1.f Circuit Managers assisted by the PET teams developed practice improvement plans using all available data for guidance.	P-Oct 05 R-Jul 06 A-	
Item 14: Preserving connections		X	Baseline 23.3%  3rd quarter performance = 24.4%  Goal 25.6%  Baseline 83%  3 <sup>rd</sup> quarter results for PRR = 84.5 %  Goal 87.2% Goal established is calculated by taking the average of 8 quarters performance in 2003 and 2004 and adding 5% of the average to measure improvement.		Relative Placement CD-Outcomes #17. Increase the number of children placed with relative provider  PRR V-1 Consideration was given to relatives or kin for placement.			P-Dec 2006  A-

Program Improvement Implementation								
1			2	3	4	5	6	7
Outcome or Systemic Factors and Item(s) Contributing to Non-Conformity			Goal/Negotiated Measure/Percent of Improvement	Action Steps	Method of Measurement	Benchmarks Toward Achieving Goal	Dates of Achievement	
							Benchmark	Goal
	A	N/A						
				P2.14.1 Increase emphasis on preserving familial and community connections for children in out of home care.  Kathryn Sapp	Evaluation report	P2.14.1.a Evaluated Family-to-Family program regarding applicability for statewide implementation.	P-May 05 A-Pending	
						P2.14.1.b Submitted evaluation recommendations to administration.	P-July 05 A-Pending	
						P2.14.1.c Based on results of Family to Family evaluation and review of other state's best practices determined statewide applicability.	P-Aug 05 A-Pending	
					State plan developed	P2.14.1.d Develop state plan to address preserving connections.	P-Oct 05 A-Pending	
				P2.14.2 Improve diligent search for relatives/missing parents  Bonnie Washeck		P2.14.2.a See P1.6.2.a		
						P2.14.2.b See P1.6.2.b		
						P2.14.2.c See P1.6.2.c		
						P2.14.2.d See P1.6.2.d		
				P2.14.3 Revise ICWA policy Cindy Wilkinson Kathryn Sapp	Policy revision	P2.14.3.a Revised ICWA policy to reflect best practice standards.	P-Aug 04 A-Aug 04	
					CPS-1 CD-14	P2.14.3.b ICWA questions incorporated into intake (CPS-1) and family assessment (CD-14) tools.	P-May 05 A-Apr 05	
					Policy disseminated	P2.14.3.c Newly revised intake & assessment disseminated to all CD staff.	P-Aug 05 A-Pending	
					PRR	P2.14.3.d Add ICWA question to Peer Record Review tool.	P-Sept 05 A-Mar 05	
					PRR quarterly data reports	P2.14.3.e Establish a baseline for ICWA for Peer Record.	P-Sept 05 A-Jun 05	

Program Improvement Implementation								
1			2	3	4	5	6	7
Outcome or Systemic Factors and Item(s) Contributing to Non-Conformity			Goal/Negotiated Measure/Percent of Improvement	Action Steps	Method of Measurement	Benchmarks Toward Achieving Goal	Dates of Achievement	
							Benchmark	Goal
	A	N/A						
Item 15: Relative placement		X	<p>Baseline 25.9%</p> <p>3rd quarter Outcome Reports results = 27.8%* Goal achieved</p> <p>Goal 27.2% (Goal established is calculated by taking the average of 8 quarters performance in 2003 and 2004 and adding 5% of the average to measure improvement).</p> <p>Progress to be tracked quarterly over two year period from CD Outcomes Report</p> <p>Baseline 83.0%</p> <p>3rd quarter PRR results = 84.5%</p> <p>Goal 87.2% (Goal established is calculated by taking the average of 8 quarters performance adding 5% of the average to measure improvement).</p>		<p>Relative Placement monitored through the number of children placed with relative provider in legal status 1-4</p> <p>Monitored through Peer Record Review question V-1: Consideration was given to relatives or kin for placement</p>			P-Dec 2006
								A-
				P2.15.1 Increase system capacity to		P2.15.1.a See P1.6.1.a		
						P2.15.1.b See P1.6.1.b		

Program Improvement Implementation								
1			2	3	4	5	6	7
Outcome or Systemic Factors and Item(s) Contributing to Non-Conformity			Goal/Negotiated Measure/Percent of Improvement	Action Steps	Method of Measurement	Benchmarks Toward Achieving Goal	Dates of Achievement	
							Benchmark	Goal
	A	N/A						
				accurately track placement kinship vendor types.  Lesley Pettit		P2.15.1.c See P1.6.1.c P2.15.1.d See P1.6.1.d P2.15.1.e See P1.6.1.e		
				P2.15.2 Improve diligent search for relatives/missing parents.  Cindy Wilkinson		P2.15.2.a See P1.6.2 a P2.15.2.b See P1.6.2.b P2.15.2.c See P1.6.2.c P2.15.2.d See P1.6.2.d		
				P2.15.3 Evaluate support and training provided for relative/kinship resource families  Cindy Wilkinson Jeff Adams		P2.15.3.a See P1.6.7.a P2.15.3.b See P1.6.7.b P2.15.3.c See P1.6.7.c		
Item 16: Relationship of child in care with parents		X	Baseline 91.0%  3rd quarter PRR results = <b>90.0%</b>  Goal 91.9% (Goal established is calculated by taking the average of 8 quarters performance in 2003 and 2004 and adding 1% of the average to measure improvement).		Parent Visits monitored through Peer Record Review question V-3: The child is placed in close proximity to his/her family.			P-Dec 2006  A-
				P2.16.1 Improve diligent search for non-custodial parent.  Bonnie Washeck		P2.16.1.a See P1.6.2.a P2.16.1.b See P1.6.2.b P2.16.1.c See P1.6.2.c P2.16.1.d See P1.6.2.d		

Program Improvement Implementation								
1			2	3	4	5	6	7
Outcome or Systemic Factors and Item(s) Contributing to Non-Conformity			Goal/Negotiated Measure/Percent of Improvement	Action Steps	Method of Measurement	Benchmarks Toward Achieving Goal	Dates of Achievement	
							Benchmark	Goal
	A	N/A						
				P2.16.2 Improve engagement of non-custodial parents in case planning by strengthening worker/supervisor skills in engaging families in the assessment, case planning and case plan review process. Increase parent, caregiver (alternative care provider) and child involvement in case assessment, plan development and reassessment.	PRR Outcomes	P16.16.2.a See S2.3.2.a		
						P16.16.2.b See S2.3.2.b		
						P16.16.2.c See S2.3.2.c		
						P16.16.2.d See S2.3.2.d		
						P16.16.2.e See S2.3.2.e		
						P16.16.2.f See S2.3.2.f		
	Kathryn Sapp							
Well Being Outcome 1 Families have enhanced capacity to provide for children’s needs								
Item 17: Needs and services of child, parents, foster parents		X	Baseline 82.1%  3rd quarter PRR results = 82.0%  Goal 86.2%  Baseline 91.0%  3rd quarter PRR results = 90.2%		PRR III-10 Rating for the overall quality of the comprehensive assessment.  PRR III-3 The needs of the family/child are identified.			P-Dec 2006  A-

Program Improvement Implementation								
1			2	3	4	5	6	7
Outcome or Systemic Factors and Item(s) Contributing to Non-Conformity			Goal/Negotiated Measure/Percent of Improvement	Action Steps	Method of Measurement	Benchmarks Toward Achieving Goal	Dates of Achievement	
							Benchmark	Goal
	A	N/A						
			Goal 95.6% (Goal established is calculated by taking the average of 8 quarters performance in 2003 and 2004 and adding 5% of the average to measure improvement).					
				WB1.17.1 Improve family assessment and case plan tools to better link service provision to the needs of the bio family identified in the initial and ongoing assessments.  Kathryn Sapp		WB1.17.1.a See S2.3.1.a WB1.17.1.b See S2.3.1.b WB1.17.1.c See S2.3.1.c WB1.17.1.d See S2.3.1.d WB1.17.1.e See S2.3.1.e WB1.17.1.f See S2.3.1.f WB1.17.1.g See S2.3.1.g WB1.17.1.h See S2.3.1.h		
			Baseline 80.4%  3rd quarter PRR results = 79.1 %  Goal 84.4% (Goal established is calculated by taking the average of 8 quarters performance in 2003 and 2004 and adding 5% of the average to measure improvement).		PRR IV-15 Rating for the overall quality of the service plan and service delivery process.			
				WB1.17.2 Strengthen workers skills in engaging families in the assessment, case		WB1.17.2.a See S2.3.2.a WB1.17.2.b See S2.3.2.b WB1.17.2.c See S2.3.2.c WB1.17.2.d See S2.3.2.d		

Program Improvement Implementation								
1			2	3	4	5	6	7
Outcome or Systemic Factors and Item(s) Contributing to Non-Conformity			Goal/Negotiated Measure/Percent of Improvement	Action Steps	Method of Measurement	Benchmarks Toward Achieving Goal	Dates of Achievement	
							Benchmark	Goal
	A	N/A						
				planning and case plan review processes to increase parent, caregiver (alternative care provider) and child involvement in case assessment, plan development and reassessment.  Kathryn Sapp		WB1.17.2.e See S2.3.2.e WB1.17.2.f See S2.3.2.f		
				WB1.17.3 Implementation of “Confirming Safe Environments” to reduce the risk for children in foster/kinship care to identify needs of child and providers.  Cindy Wilkinson		WB1.17.3.a See S1.2.2.a WB1.17.3.b See S1.2.2.b WB1.17.3.c See S1.2.2.c WB1.17.3.d See S1.2.2.d WB1.17.3.e See S1.2.2.e WB1.17.3.f See S1.2.2.f		
Item 18: Child and family involvement in case planning.		X	Baseline 74.1%  3rd quarter PRR results = 75.8 %  Goal 77.8% (Goal established is calculated by taking the average of 8 quarters performance in 2003 and 2004 and adding 5% of the average to measure improvement).		Monitored through Peer Record Review question IV-8: The family participated in the development of and signed the service plan.			P-Dec 2006  A-
				WB1.18.1 Maximize parental/family		WB1.18.1.a See S2.3.2 a WB1.18.1.b See S2.3.2 b		

Program Improvement Implementation									
1			2	3	4	5		6	7
Outcome or Systemic Factors and Item(s) Contributing to Non-Conformity			Goal/Negotiated Measure/Percent of Improvement	Action Steps	Method of Measurement	Benchmarks Toward Achieving Goal	Dates of Achievement		
							Benchmark	Goal	
	A	N/A							
				participation in Family Support Team Meetings.		WB1.18.1.c See S2.3.2 c			
						WB1.18.1.d See S2.3.2 d			
						WB1.18.1.e See S2.3.2 e			
						WB1.18.1.f See S2.3.2 f			
				Bonnie Washeck	Protocol established	WB1.18.1.g Established a protocol for accessing division staff outside of regular working hours.	P-Aug 05 A-Aug 05		
				WB1.18.2 Improve the quality of Family Support Team Meetings.  Kathryn Sapp Cindy Wilkinson		WB1.18.2.a See P1.7.2a			
						WB1.18.2.b See P1.7.2b			
						WB1.18.2.c See P1.7.2c			
						WB1.18.2.d See P1.7.2d			
						WB1.18.2.e See P1.7.2e			
						WB1.18.2.f See P1.7.2f			
						WB1.18.2.g See P1.7.2g			
						WB1.18.2.h See P1.7.2h			
				WB1.18.3 Review and further develop a handbook, to be distributed at the point of removal, to educate parents on their rights and responsibilities, court procedures, etc.  Cindy Wilkinson		WB1.18.3.a Collected parent handbooks used by various circuits.	P-Aug 05 A-Aug 05		
					Workgroup list	WB1.18.3.b Convened a work group to evaluate parent handbooks.	P-Oct 05 A-Sep 05		
					Parent handbook	WB1.18.3.c Developed a universal parent handbook.	P-Jan 06 A-		
					Survey results	WB1.18.3.d Solicited consumer feedback on parent handbook	P-Apr 06 A-		
					Policy developed	WB1.18.3.e Developed policy on use of parent handbook.	P-July 06 A-		
Policy disseminated	WB1.18.3.f Policy distributed to all staff and supervisory oversight.	P-Sept 06 A-							
Training curriculum	WB1.18.3.g Policy Incorporated into BASIC training	P-Oct 06 A-							



Program Improvement Implementation								
1			2	3	4	5	6	7
Outcome or Systemic Factors and Item(s) Contributing to Non-Conformity			Goal/Negotiated Measure/Percent of Improvement	Action Steps	Method of Measurement	Benchmarks Toward Achieving Goal	Dates of Achievement	
							Benchmark	Goal
	A	N/A						
Item 19: Worker visits with child – improve quantity and quality		X	Baseline 72.8%  3rd quarter PRR results = 77.4%* <b>exceeds goal</b>  Goal 76.4% (Goal established is calculated by taking the average of 8 quarters performance in 2003 and 2004 and adding 5% of the average to measure improvement).		Foster Care cases monitored through Peer Record Review question V-16: The worker visits the child twice every month.			
			.	WB1.19.1 Develop policy addressing the quality of visits to incorporate case planning, service delivery and goal attainment.  Bonnie Washeck	Team appointments	WB1.19.1a Appointed visitation policy and practice team.	P-Jan 05 A-Feb 05	
					Convene meeting	WB1.19.1.b Convened first policy and practice team meeting.	P-Feb 05 A-May 05	
					Policy developed	WB1.19.1.c Team developed policy on visitation and draft protocol regarding quality of visits.	P-May 05 R-Jan 06 A-	
					Recommendations reviewed	WB1.19.1.d Recommendation reviewed by policy review team and executive staff.	P-Jun 05 R-Feb 06 A-	
						WB1.19.1.e Policy disseminated to staff.	P-Aug 05 R-Mar 06 A-	
						WB1.19.1.f Utilize Practice Enhancement Teams (PET) to support protocols.	P-Aug 05 R-Mar 06 A-	
				WB1.19.2 Increase policy compliance for frequency of worker visits for intact and out-	Quarterly workload report	WB1.19.2.a Achieved progress in caseload equalization by developing quarterly circuit workload reports.	P-Aug 05 quarterly ongoing A-Aug 05	

Program Improvement Implementation								
1			2	3	4	5	6	7
Outcome or Systemic Factors and Item(s) Contributing to Non-Conformity			Goal/Negotiated Measure/Percent of Improvement	Action Steps	Method of Measurement	Benchmarks Toward Achieving Goal	Dates of Achievement	
							Benchmark	Goal
	A	N/A						
				of-home cases.	PRR	WB1.19.2.b Circuit Managers monitored the frequency of worker visits through the PRR.	P-Aug 05	
				Cindy Wilkinson Kathryn Sapp	Practice Improvement plans	WB1.19.2.c Circuit Managers assisted by PET to develop practice improvement plans.	A-Aug 05	
							P-Sep 05	
							A-Sep 05	
				WB1.19.3 Tracking system to track worker visits (date/site).		WB1.19.3.1.a Enhancements made to the existing ACTS and FCS system.	P-Feb 06	
				Jim Harrison		WB1.19.3.1.b SACWIS began to be available to track visitation in Case Management System.	A-	
Item 20: Worker Visit with parent(s).		X	Baseline 85.3%  3rd quarter PRR results = 86.0%  Goal 89.5% (Goal established is calculated by taking the average of 8 quarters performance in 2003 and 2004 and adding 5% of the average to measure improvement).		Intact and Foster Care Cases monitored through Peer Record Review question IV-14: The worker visits family (caretakers) at least one time per month.			P-Dec 2006  A-
				WB1.20.1 Strengthen worker relationships with biological or adoptive parents.  Bonnie Washeck	Protocols established	WB1.20.1.a Protocols established in WB1.19.1.c included in adoptive parent training	P-May 05	
					Revise PRR	WB1.20.1.b Revised PRR to reflect collateral contacts required per family risk assessment/reassessment	R-Jan 06	
						WB1.20.1.c See S2.3.2.a	A-	
						WB1.20.1.d See S2.3.2.b	P-Jun 05	
						WB1.20.1.e See S.2.3.2.c	A-Jun 05	
						WB1.20.1.f See S.2.3.2.d		
						WB1.20.1.g See S.2.3.2.e		
						WB1.20.1.h See S2.3.2.f		

Program Improvement Implementation								
1			2	3	4	5	6	7
Outcome or Systemic Factors and Item(s) Contributing to Non-Conformity			Goal/Negotiated Measure/Percent of Improvement	Action Steps	Method of Measurement	Benchmarks Toward Achieving Goal	Dates of Achievement	
							Benchmark	Goal
	A	N/A						
				WB1.20.2 – Refer to: WB1.19.1, WB1.19.2 and WB1.19.3  a. WB1.19.1 Develop policy addressing the quality of visits to incorporate case planning, service delivery and goal attainment.  b. WB1.19.2 Increase policy compliance for frequency of worker visits for intact and out-of-home cases.  c. WB1.19.3 Tracking system to track worker visits (date/site).		WB1.20.2.a See WB1.19.1.a-f          WB1.20.2.b See WB1.19.2 a-c          WB1.20.2.c See WB1.19.3 a-b		
Well Being Outcome 2 Children receive services to meet their educational needs								
<b>Item 21:</b> Children receive appropriate services to meet their educational needs		X	Baseline 95.6%  3rd quarter PRR results = <b>95.3%</b>  Goal 96.6% (Goal established is calculated by taking the average of 8 quarters performance)		PRR V-18 The child is at grade level and receiving appropriate educational services.			P-Dec 2006  A-

Program Improvement Implementation								
1			2	3	4	5	6	7
Outcome or Systemic Factors and Item(s) Contributing to Non-Conformity			Goal/Negotiated Measure/Percent of Improvement	Action Steps	Method of Measurement	Benchmarks Toward Achieving Goal	Dates of Achievement	
							Benchmark	Goal
	A	N/A						
			in 2003 and 2004 and adding 1% of the average to measure improvement.)					
				WB2.21.1 Improve working relationship among Children's Division, Department of Elementary and Secondary Education (DESE) and local school districts.  Kathryn Sapp	Protocol developed	WB.2.21.1.a Protocol developed regarding inclusion of educational personnel in FST's.	P-Mar 05 A-Apr 05	
					Education liaisons	WB2.21.1.b Designated an education liaison at the state level.	P-May 05 A-May 05	
					Circuit Self Assessment	WB2.21.1.c Local level barriers identified regarding working with schools and educational disruptions of children in foster care.	P-May 05 A-Jul 05	
					Written local plans	WB2.21.1.d Developed a plan to alleviate barriers and address educational disruptions of children in foster care as applicable.	P-May 05 A-Jul 05	
					Written State plan	WB2.21.1.e Children's Division Administration partnered with DESE to address identified barriers at State level.	P-Aug 05 A-Aug 05	
				WB2.21.2 Improve the flow of educational records and reports when children transfer schools.  Kathryn Sapp Cindy Wilkinson	Protocols developed	WB2.21.2.a Local protocols developed for alternative care children regarding permission of custodian to access records needed for enrollment.	P-Jun 05 A-Jun 05	
					Residential Facility contracts	WB2.21.2.b. Incorporated accountability measures for transfer of educational records into Residential Facility contracts.	P-Jun 05 R-Jan 06 A-	
				WB2.21.3 Decrease the incidence of educational neglect, truancy and suspension of children in care.		WB2.21.3.a Consult with National Resource Centers and other national education resources regarding early identification of educational neglect, truancy and suspension of children in care.	P-Apr 05 A-Apr 05	

Program Improvement Implementation								
1			2	3	4	5	6	7
Outcome or Systemic Factors and Item(s) Contributing to Non-Conformity			Goal/Negotiated Measure/Percent of Improvement	Action Steps	Method of Measurement	Benchmarks Toward Achieving Goal	Dates of Achievement	
							Benchmark	Goal
	A	N/A						
				Cindy Wilkinson Kathryn Sapp	Revised CD-14 and CS-1	WB2.21.3.b Identification of risk factors for educational neglect, truancy or school suspension incorporated into the CD-14 and CS-1.	P-Jul 05 A-Jul 05	
					Distribute youth training video	WB2.21.4.c Distribute Youth Training Video for teacher in-service training.	P-Sep 05 A-Nov 05	
					Protocol developed	WB2.21.3.d Protocol developed for accessing early interventions for students at risk for educational neglect, truancy and suspension.	P-Oct 05 A-Nov 05	
					Protocol developed	WB2.21.3.e Protocol developed for children expelled due to the Safe School Act.	P-Oct 05 A-Nov 05	
					Protocol disseminated	WB2.21.3.f Protocols distributed to staff and shared with local school districts.	P-Nov 05 A-	
						WB2.21.3.g Protocols incorporated into BASIC and foster parent training.	P-Dec 05 A-	
				WB2.21.4 Decrease the incidence of educational neglect, truancy and suspension of children for intact families. Kathryn Sapp		WB2.21.4.a Consulted with National Resource Center on Child Maltreatment and other national education resources regarding early identification of educational neglect, truancy and suspension of intact families.	P-Apr 05 A- Apr 05	
					CD-14 revision	WB2.21.4.b Identification of risk factors for educational neglect, truancy or school suspension incorporated into the CD-14.	P-July 05 A-Jul 05	
					Distribute youth training video	WB2.21.4.c Distribute Youth Training Video for teacher in-service training.	P-Sep 05 A-Nov 05	
					Protocol developed	WB2.21.4.d Protocol developed for accessing early interventions for students at risk for educational neglect, truancy and suspension.	P-Oct 05 A-Nov 05	

Program Improvement Implementation								
1			2	3	4	5	6	7
Outcome or Systemic Factors and Item(s) Contributing to Non-Conformity			Goal/Negotiated Measure/Percent of Improvement	Action Steps	Method of Measurement	Benchmarks Toward Achieving Goal	Dates of Achievement	
							Benchmark	Goal
	A	N/A						
					Protocol developed	WB2.21.4.e Protocol developed for children expelled due to the Safe School Act.	P-Oct 05 A-Nov 05	
					Protocols disseminated	WB2.21.4.f Protocols distributed.	P-Nov 05 A-	
						WB2.21.4.g Protocols incorporated into BASIC training.	P-Dec 05 A-	
Well-Being 3 (WB3): Children receive adequate services to meet their physical and mental health needs.								
Item 22: Physical health of the child		X	Baseline 96.9%  3rd quarter PRR results = 96.7%  Goal 97.8% (Goal established is calculated by taking the average of 8 quarters performance in 2003 and 2004 and adding 1% of the average to measure improvement.		PRR V-17: The physical needs of the child are being met.			P-Dec 2006  A-
				WB3.22.1 Increase ability of Children's Division staff and families to access available dental resources.  Bonnie Washeck	Circuit Self Assessment	WB3.22.1.a Circuits identified available local dental resources.	P-Mar 05 A-Aug 05	
					Dental coordinator list	WB3.22.1.b Dental coordinator assigned to each region (local level) to identify barriers and facilitate access to dental providers.	P-May 05  A-Jul 05	
					Notification letter	WB3.22.1.c Notified dental providers of regional dental coordinators.	P-Aug 05 A-Aug 05	

Program Improvement Implementation								
1			2	3	4	5	6	7
Outcome or Systemic Factors and Item(s) Contributing to Non-Conformity			Goal/Negotiated Measure/Percent of Improvement	Action Steps	Method of Measurement	Benchmarks Toward Achieving Goal	Dates of Achievement	
							Benchmark	Goal
	A	N/A						
					Written plan	WB3.22.1.d In partnership with Division of Medical Services (DMS) assessed and developed plan to reduce administrative burden on Medicaid providers.	P-Aug 05 A-Aug 05	
					Assessment report	WB3.22.1.e Completed assessment regarding Dental Van program expansion.	P-Aug 05 A-Nov 05	
				WB3.22.2 Increase capacity of staff to assess medical needs of children in intact families.	CD-14 revision	WB3.22.2.a Revised CD-14 to include assessment of medical needs of children in intact families.	P-July 05 A-Apr 05	
				Bonnie Washeck	Policy disseminated	WB3.22.2.b Issued revised form and policy.	P-Sep 05 R-Dec 05 A-	
					Training curriculum	WB3.22.c Existing staff trained in Assessment and Service Planning using CD-14 as tool statewide.	P-Oct 05 R-Jan 06 A-	
						WB3.22.2.d Integrated CD-14 into Advanced Family-Centered In-service training module.	P-Jan 06 A-	
Item 23: Mental health needs of the child		X	Baseline 96.4%  3rd quarter PRR results = 96.3%  Goal 97.3% (Goal established is calculated by taking the average of 8 quarters performance in 2003 and 2004 and adding 1% of the average to measure improvement.		PRR V-19: The mental health needs of the child are being met.			P-Dec 2006  A-
				WB3.23.1 Increase the ability of Children's Division staff and	Circuit Self Assessment	WB3.23.1.a Available mental health resources identified through Circuit Self Assessment.	P-Aug 04 A-Aug 04	

Program Improvement Implementation								
1			2	3	4	5	6	7
Outcome or Systemic Factors and Item(s) Contributing to Non-Conformity			Goal/Negotiated Measure/Percent of Improvement	Action Steps	Method of Measurement	Benchmarks Toward Achieving Goal	Dates of Achievement	
							Benchmark	Goal
	A	N/A						
				families to access available mental health resources.	Mental Health Coordinator list	WB3.23.1.b Five Regional Mental Health Coordinators designated.	P-Jan 05 A-Jan 05	
				Jim Harrison		WB3.23.1.c See S2.3.5		
					Written plan	WB3.23.1.d Mental Health Coordinators convened teams to identify local barriers, develop a plan to alleviate barriers and create partnerships to improve service delivery.	P-May 05 A-May 05	
					Plan developed	WB3.23.1.e In partnership with Division of Medical Services (DMS) assessed and developed plan to reduce administrative burden on Medicaid providers.	P-Aug 05 A-Aug 05	
				WB3.23.2 Increase awareness of staff and foster parents regarding attachment and mental health issues.  Cindy Wilkinson		WB3.23.2.a See P1.6.3.a		
						WB3.23.2.b Increased the number of staff and foster parents trained on Working with the Explosive Child (See Training Matrix).	P & A- Ongoing semi-annually	
						WB3.23.2.c Increased the number of staff and foster parents trained on Grief and Loss (See Training Matrix).	P-Sep 04 A-Sep 04 ongoing semi-annual	
					Curriculum developed	WB3.23.2.d Developed Reactive Attachment Disorder curriculum.	P-Mar 05 A-Mar 05	
					Training agenda	WB3.23.2.e Incorporated attachment issues training into on-going training.	P-Sep 06 A-	
				WB3.23.3 Increase capacity of staff to assess mental health needs of children in intact families.  Kathryn Sapp	CD-14 revision	WB3.23.3.a Incorporated assessment of mental health needs of children in intact families in CD-14 revision (See S2.3.1.b-h).	P-July 05 A-Apr 05	
					Practice improvement plans	WB3.23.3.b Circuit Managers evaluated SCRT results and developed practice improvement strategies as needed.(See S2.3.3 a-f)	P-Apr 06 ongoing quarterly A-	



Program Improvement Implementation								
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							Benchmark	Goal
	A	N/A						
<b>Systemic Factors</b>								
Item 24: System can identify the status, demographic characteristics, location and goals of children in foster care.	X							
Item 25: Provides a process that ensures that each child has a written case plan to be developed jointly with the child's parent(s) that includes the required provisions.		X	Baseline 80.4%  3rd quarter PRR results = 79.1%  Goal 84.4% (Goal established is calculated by taking the average of 8 quarters performance in 2003 and 2004 and adding 5% of the average to measure improvement.		Monitored through Peer Record Review question IV-15 Rating for the overall quality of the service plan and service delivery process.			
				25.1 Improve family assessment and case plan tools to better link service provision to the needs of the family identified in the initial and ongoing assessments. Kathryn Sapp		25.1.a See S2.3.1.a 25.1.b See S2.3.1.b 25.1.c See S2.3.1.c 25.1.d See S2.3.1.d 25.1.e See S2.3.1.e 25.1.f See S2.3.1.f 25.1.g See S2.3.1.g 25.1.h See S2.3.1.h		
				25.2 Strengthen worker/supervisor skills in engaging families in the assessment, case planning and case plan		25.2.a See S2.3.2.a 25.2.b See S2.3.2.b 25.2.c See S2.3.2.c 25.2.d See S2.3.2.d 25.2.e See S2.3.2.e		

Program Improvement Implementation								
1			2	3	4	5	6	7
Outcome or Systemic Factors and Item(s) Contributing to Non-Conformity			Goal/Negotiated Measure/Percent of Improvement	Action Steps	Method of Measurement	Benchmarks Toward Achieving Goal	Dates of Achievement	
							Benchmark	Goal
	A	N/A						
				review process to increase parent, caregiver (alternative care provider) and child involvement in case assessment, plan development and reassessment. Kathryn Sapp		25.2.f See S2.3.2.f		
				25.3 Improve supervisory capacity to monitor practice linking the assessment with the overall plan.  Bonnie Washeck		25.3.a See S2.3.3.a 25.3.b See S2.3.3.b 25.3.c See S2.3.3.c 25.3.d See S2.3.3.d 25.3.e See S2.3.3.e 25.3.f See S2.3.3.f 25.3.g See S2.3.3.g 25.3.h See S2.3.3.h		
				25.4 Maximize parental/family involvement in Family Support Team Meetings.  Bonnie Washeck		25.4.a See P1.6.2.a 25.4.b See P1.6.2.b 25.4.c See P1.6.2.c 25.4.d See P1.6.2.d 25.4.e See S2.3.2 a 25.4.f See S2.3.2 b 25.4.g See S2.3.2 c 25.4.h See S2.3.2 d 25.4.i See S2.3.2 e 25.4.j See S2.3.2 f		
				25.5 Improve staff facilitation skills for Family Support Team Meetings.  Jeff Adams	Training curriculum	25.5.a Began offering 25 supplemental FST trainings to selected staff throughout state.	P-Feb 05 A-Feb 05	
						25.5.b Enhanced/Improved FST skill application for BASIC.	P-Feb 05 A-Feb 05	
						25.5.c Advanced FST skill application integrated into advanced Family-Centered Out-of-Home Service In-Service module.	P-May 06 A-	

Program Improvement Implementation								
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Outcome or Systemic Factors and Item(s) Contributing to Non-Conformity			Goal/Negotiated Measure/Percent of Improvement	Action Steps	Method of Measurement	Benchmarks Toward Achieving Goal	Dates of Achievement	
							Benchmark	Goal
	A	N/A						
						25.5.d Advanced FST skill application integrated into Advanced Family-Centered Service In-Service module.	P-Sep 06 A-	
Item 26: Process for 6-month case reviews		X	Baseline 62.8% (derived from average of 8 quarters in FY 2003 and 2004)  3rd Quarter performance = 59.6%  Goal 69% (Goal established through method described in Item 15 using Outcomes Report data).		Monitored through CD Outcomes Report Outcome #12: Children with Timely Completion of Permanency Planning Review within 30 Days and 6 Months.			P-Dec 2006 A-
				26.1 Revised current policy to clarify an Administrative Review and requirements  Susan Savage	Draft policy	26.1.a Developed draft policy clarifying administrative review requirements and procedures.	P-Feb 05 A-Jul 04	
						26.1.b Draft policy sent to policy review team and management.	P-Mar 05 A-Aug 04	
					Policy revision	26.1.c Feedback received and revisions made.	P-Apr 05 A-Aug 04	
					Policy disseminated	26.1.d New policy distributed to CD staff.	P-Jun 05 A-Aug 04	
				26.2 Recruit 3 <sup>rd</sup> party participants for Administrative Reviews  Cindy Wilkinson	Volunteer list	26.2.a Circuit Managers recruited and trained a pool of qualified volunteers to participate in six month administrative reviews.	P-May 05 A-Nov 05	
						26.2.b Circuit Managers scheduled and assigned individual reviewers to cases.	P-May 05 R-Jan 06 A-	

Program Improvement Implementation								
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Outcome or Systemic Factors and Item(s) Contributing to Non-Conformity			Goal/Negotiated Measure/Percent of Improvement	Action Steps	Method of Measurement	Benchmarks Toward Achieving Goal	Dates of Achievement	
							Benchmark	Goal
	A	N/A						
				26.3 Increase ability to track 6 month Administrative Reviews separately from FSTs  Cindy Wilkinson	System logic	26.3.a Met with MIS and developed system logic needed to add fields to SS-61.	P-Aug 04 A-Aug 04	
					CS-1 revision	26.3.b Revised the SS-61 to denote Administrative Review.	P-Jan 05 A-Aug 04	
					Revised form disseminated	26.3.c Revised form and instructions distributed to all CD staff.	P-Jan 05 A-Aug 04	
Item 27: Provides a process that ensures that each child in foster care under the supervision of the State has a permanency hearing in a qualified court or administrative body no later than 12 months from the date the child entered foster care and no less frequently than every 12 months thereafter.		X	Will extract data on most recent court date from ACTS system.  <i>Baseline established on March 31, 2005</i>  <i>Baseline for LS 1-3 children on 1031/05 = 90.2%</i>  <i>Goal 88.0% with a 2 % increase</i>					P-Dec 2006  A-
				27.1 Improve access to legal representation for CD.  Fred Simmens		27.1.a See P1.9.4.a		
						27.1.b See P1.9.4.b		
						27.1.c See P1.9.4.c		
						27.1.d See P1.9.4.d		
						27.1.e See P1.9.4.e		
						27.1.f See P1.9.4.f		
						27.1.g See P1.9.4.g		
						27.1.h See P1.9.4.h		
						27.1.i See P1.9.4.i		
				27.2 Implement training to develop		27.2.a Current curriculum evaluated by Division of Legal Services.	P-Apr 05 A-Dec 04	

Program Improvement Implementation								
1			2	3	4	5	6	7
Outcome or Systemic Factors and Item(s) Contributing to Non-Conformity			Goal/Negotiated Measure/Percent of Improvement	Action Steps	Method of Measurement	Benchmarks Toward Achieving Goal	Dates of Achievement	
							Benchmark	Goal
	A	N/A						
				testifying skills for CD staff.		27.2.b Obtained technical assistance from DLS, NRC and OSCA.	P-Jun 05 A-Jul 05	
				Jeff Adams	Curriculum modified	27.2.c Based on evaluation and technical assistance curriculum modified.	P-Oct 05 A-Oct 05	
						27.2.d Modified curriculum approved.	P-Dec 05 A-	
					Training curriculum	27.2.e Modified curriculum incorporated into Basic and OJT for existing staff.	P-Mar 06 A-	
				27.3 Increase the timeliness of 12 month Permanency Hearings  Cindy Wilkinson Kathryn Sapp		27.3.a See 27.2.a		
						27.3.b See 27.2.b		
						27.3.c See 27.2.c		
						27.3.d See 27.2.d		
						27.3.e See 27.2.e		
					Report on circuits where issues need to be addressed	27.3.f Collaborated with OSCA at the state level to ensure joint accountability for timely court hearings and identify circuits where CD and court issues needed to be addressed.	P-May 05 A-Jun 05	
					Workgroup participant list	27.3.g Developed on-going Court Issues workgroup to monitor timeliness of hearings.	P-June 05 A-Aug 05	
						27.3.h Developed local protocols between the court and CD offices to ensure timely hearings.	P-July 05 A-Aug 05	
					FST policy revision	27.3.i Revised Family Support Team policy to assure 12 month Permanency Hearing date is discussed and documented during team meeting.	P-Jul 05 A-Jul 05	
						27.3.j Incorporated new FST policy into BASIC and OJT training for existing staff.	P-Aug 05 R-Jan 06 A-	
						27.4.a See P1.7.4.a		
						27.4.b See P1.7.4.b		
				27.4 Provide cross training to judiciary, court staff, GALs and Children's Division		27.4.c See P1.7.4.c		
						27.4.d See P1.7.4.d		

Program Improvement Implementation								
1			2	3	4	5	6	7
Outcome or Systemic Factors and Item(s) Contributing to Non-Conformity			Goal/Negotiated Measure/Percent of Improvement	Action Steps	Method of Measurement	Benchmarks Toward Achieving Goal	Dates of Achievement	
							Benchmark	Goal
	A	N/A						
				staff on ASFA & Permanency hearings consistent with state and federal regulations.  Jeff Adams		27.4.e See P1.7.4.e 27.4.f See P1.7.4.f		
Item 28: Provides a process for termination of parental rights proceedings in accordance with provisions of ASFA.		X	Baseline 83.4%  3rd Quarter PRR results = 88.3%* <b>Goal achieved</b>  Goal 87.5% (Goal established is calculated by taking the average of 8 quarters performance in 2003 and 2004 and adding 5% of the average to measure improvement.)		Monitored through PRR V-14: TPR has occurred or been filed when the child has been in Out-of-Home Care for 15 of the most recent 22 months, or compelling reasons are documented.			P-Dec 2006  A-
				28.1 Improve access to legal representation for CD.  Jim Harrison		28.1.a See P1.9.4.a 28.1.b See P1.9.4.b 28.1.c See P1.9.4.c 28.1.d See P1.9.4.d 28.1.e See P1.9.4.e 28.1.f See P1.9.4.f 28.1.g See P1.9.4.g 28.1.h See P1.9.4.h 28.1.i See P1.9.4.i		
				28.2 Strengthen worker/supervisor skills in engaging families in the assessment, case planning and case plan		28.2.a See S2.3.2.a 28.2.b See S2.3.2.b 28.2.c See S2.3.2.c 28.2.d See S2.3.2.d 28.2.e See S2.3.2.e		

Program Improvement Implementation								
1			2	3	4	5	6	7
Outcome or Systemic Factors and Item(s) Contributing to Non-Conformity			Goal/Negotiated Measure/Percent of Improvement	Action Steps	Method of Measurement	Benchmarks Toward Achieving Goal	Dates of Achievement	
							Benchmark	Goal
	A	N/A						
				review process to increase parent, caregiver (alternative care provider) and child involvement in case assessment, plan development and reassessment.  Kathryn Sapp		28.2.f See S2.3.2.f		
				28.3 Termination of Parental Rights will be filed in a timely manner, except when compelling reasons are documented.  Cindy Wilkinson		28.3.a See P1.9.1a		
						28.3.b See P1.9.1.b		
						28.3.c See P1.9.1.c		
						28.3.d See P1.9.1.d		
						28.3.e See P1.9.1.e		
				28.4 Improve diligent search for relatives/parents  Bonnie Washeck		28.4.a See P1.6.2.a		
						28.4.b See P1.6.2.b		
						28.4.c See P1.6.2.c		
						28.4.d See P1.6.2.d		
				28.5 Collaborate with OSCA to amend 211.447 RSMo to ensure consistency w/ASFA requirements regarding filing of TPR petitions w/in 60 days of a judicial determination that the child is an abandoned infant, or that no Reasonable Efforts are required.  Jim Harrison	Draft proposal	28.5.a Proposal drafted.	P-Aug 05 A-Aug 05	
						28.5.b Written proposal reviewed by OSCA and the Department.	P-Oct 05 A-Aug 05	
					Meeting agenda	28.5.c Meetings held between OSCA and the Department of Social Services to finalize proposal.	P-Nov 05 A-	
					Draft legislation	28.5.d Advocated for proposed legislation.	P-Jun 06 A-	

Program Improvement Implementation								
1			2	3	4	5	6	7
Outcome or Systemic Factors and Item(s) Contributing to Non-Conformity			Goal/Negotiated Measure/Percent of Improvement	Action Steps	Method of Measurement	Benchmarks Toward Achieving Goal	Dates of Achievement	
							Benchmark	Goal
	A	N/A						
Item 29: Provides a process for foster parents, re-adoptive parents, and relative caregivers of children in foster care to be notified of, and have an opportunity to be heard in, any review or hearing held with respect to the child.		X		29.1 Increase ability of foster parents to be notified of and heard in court.  Bonnie Washeck		29.1.a Implemented HB 1453.	P-Aug 04 A-Aug 04	
					Consumer survey	29.1.b Revised consumer surveys for foster parents, youth and bio parents to incorporate questions regarding notification of court hearings and opportunity to be heard in court.	P-Jun 05  A-Jun 05	
						29.1.c Emphasized to staff the importance of including correct names and addresses in court reports.	P-Mar 05 A-Apr 05	
					Cross training curriculum	29.1.d Comprehensive Child Welfare Training completed with OSCA.	P-May 05 A-May 05	
Item 30: Standards to assure quality services and ensure children's safety and health	X							
Item 31: Identifiable QA system that evaluates the quality of services and improvements	X							
Item 32: Provision of ongoing staff training that addresses the necessary skills and knowledge	X							
Item 33: Ongoing training for staff		X						
				33.1 Develop supervisory training for front line supervisors.		33.1.a Professional Development and Training collaborated with HRC for on-going supervisors training.	P-Feb 04  A-Feb 04	



Program Improvement Implementation								
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Outcome or Systemic Factors and Item(s) Contributing to Non-Conformity			Goal/Negotiated Measure/Percent of Improvement	Action Steps	Method of Measurement	Benchmarks Toward Achieving Goal	Dates of Achievement	
							Benchmark	Goal
	A	N/A						
				Jeff Adams	Training agenda	33.1.b Implemented Module Four of the CPS Supervisor Training Project.	P-Mar 04 A-Apr 04	
					Training agenda	33.1.c Implemented Module Five of the CPS Supervisor Training Project.	P-Jul 04 A-Aug 04	
					Training agenda	33.1.d Implemented Module Six of the CPS Supervisor Training Project.	P-Oct 04 A-Nov 04	
					Debriefing report	33.1.e CPS Supervisor Training Project Debriefing.	P-Dec 04 A-Dec 04	
					List of trainings offered	33.1.f HRC supervisor administrative pre-service training began for CD supervisors.	P-Dec 04 A-Nov 04	
					Curriculum developed	33.1.g Professional Development and Training completed development of new supervisor training curriculum/structure including initial and on-going training.	P-July 05 A-Jul 05	
						33.1.h Training curriculum reviewed and approved by CD management.	P-Aug 05 A-Aug 05	
						33.1.i Professional Development and Training selected one rural and one metro field test site.	P-Aug 05 A-Aug 05	
						33.1.j Professional Development and Training field tested curriculum in two test sites	P-Sep 05 A-Sep 05	
					Evaluation report	33.1.k Professional Development and Training evaluated field test results	P-Jan 06 A-	
					Curriculum revised	33.1.l Professional Development and Training, revised curriculum based on evaluation	P-Jan 06 A-	
						33.1.m Professional Development and Training implemented curriculum statewide.	P-June 06 A-	
				33.2 Develop advanced in-service training module for investigations and	Curriculum developed	33.2.a Professional Development and Training developed advanced in-service curriculum for investigators and assessors.	P-Oct 04 A-Sept 04	

Program Improvement Implementation								
1			2	3	4	5	6	7
Outcome or Systemic Factors and Item(s) Contributing to Non-Conformity			Goal/Negotiated Measure/Percent of Improvement	Action Steps	Method of Measurement	Benchmarks Toward Achieving Goal	Dates of Achievement	
							Benchmark	Goal
	A	N/A						
				assessments		33.2.b CD administration approved advanced investigation and assessment in-service training module.	P-Nov 04	
				Jeff Adams	Training dates	33.2.c Professional Development and Training began training advanced investigation and assessment curriculum.	A-Sept 04 P-Jan 05	
					Curriculum revised	33.2.d Professional Development and Training evaluated advanced investigation and assessment training module and made revisions.	A-Sept 04 P-June 05	
						33.2.e Professional Development and Training implemented revised investigation and assessment advanced in-service training statewide.	A-Jun 05 P-Jul 05	
				33.3 Develop advanced in-service training module for Family- Centered Services	Workgroup participant list	33.3.a Professional Development and Training formed workgroup to develop Family-Centered Services advanced in-service training module.	P-Feb 04 A-Feb 04	
				Jeff Adams	Focus group report	33.3.b Professional Development and Training workgroup conducted focus groups for feedback on Family-Centered Service training needs.	P-Mar 04 A-Mar 04	
						33.3.c Professional Development and Training reviewed Family-Centered Service focus group feedback.	P-Mar 04 A-Mar 04	
					Curriculum developed	33.3.d Professional Development and Training developed advanced in-service curriculum for Family-Centered Services.	P-Aug 05 A-Aug 05	
						33.3.e CD administration approved advanced Family-Centered Services in-service training module.	P-Aug 05 A-Sep 05	
					Training dates	33.3.f Professional Development and Training began training advanced Family-Centered Services curriculum.	P-Sep 05 A-Oct 05	

Program Improvement Implementation								
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Outcome or Systemic Factors and Item(s) Contributing to Non-Conformity			Goal/Negotiated Measure/Percent of Improvement	Action Steps	Method of Measurement	Benchmarks Toward Achieving Goal	Dates of Achievement	
							Benchmark	Goal
	A	N/A						
					Curriculum revisions	33.3.g Professional Development and Training evaluated advanced Family-Centered Services training module and made revisions.	P-Mar 06 A-	
						33.3.h Professional Development and Training implemented revised Family-Centered Services advanced in-service training statewide.	P-Sep 06 A-	
			33.4 Develop advanced in-service training module for Family-Centered Out-of-Home Care Services  Jeff Adams		Workgroup participant list	33.4.a Professional Development and Training formed workgroup to develop Family- Centered Out-of-Home Care Services advanced in-service training module.	P-Jun 04 A-Jun 04	
					focus group report	33.4.b Professional Development and Training workgroup conducted focus groups for feedback on Family-Centered Out-of-Home Care Services training needs.	P-Jul 04 A-Jul 04	
						33.4.c Professional Development and Training reviewed Family- Centered Out-of-Home Care Services focus group feedback.	P-Jul 04 A-Jul 04	
					Curriculum developed and reviewed	33.4.d Professional Development and Training developed advanced in-service curriculum for Family-Centered Out-of-Home Care Services and reviewed by OSCA.	P-Oct 05 A-Oct 05	
						33.4.e CD administration approved advanced Family- Centered Out-of-Home Care Services in-service training module.	P-Nov 05 A-	
					Training dates	33.4.f Professional Development and Training began training advanced Family- Centered Out-of-Home Care Services curriculum in one metro and one rural site.	P-Dec 05 A-	

Program Improvement Implementation								
1			2	3	4	5	6	7
Outcome or Systemic Factors and Item(s) Contributing to Non-Conformity			Goal/Negotiated Measure/Percent of Improvement	Action Steps	Method of Measurement	Benchmarks Toward Achieving Goal	Dates of Achievement	
							Benchmark	Goal
	A	N/A						
					Curriculum revision	33.4.g Professional Development and Training evaluated advanced Family-Centered Out-of-Home Care Services training module and made revisions.	P-Mar 06 A-	
						33.4.h Professional Development and Training implemented revised Family-Centered Out-of-Home Care Services advanced in-service training statewide.	P-May 06 A-	
				33.5 Enhanced On-The-Job (OJT) Training  Jeff Adams	Workgroup participant list	33.5.a Professional Development and Training and Children's Services Specialist formed OJT workgroup.	P-Mar 04 A-Mar 04	
					Evaluation tools developed	33.5.b Workgroup developed new evaluation tools for OJT activities.	P-Mar 05 A-Mar 05	
						33.5.c Children's Services Specialists provided enhanced OJT in field and served as clinical mentors/trainers for OJT.	P-June 05 A-Jun 05	
				33.6 Create training advisory Committee to annually assess needs and evaluate training  Jeff Adams	Advisory Committee participant list	33.6.a Professional Development and Training created state training advisory committee, including schools of social work.	P-Mar 05 A-Apr 05	
					Mission statement	33.6.b Advisory committee developed a mission statement.	P-Apr 05 R-Feb 06 A-	
					Written assessment plan	33.6.c Advisory Committee developed a written plan for assessing training needs	P-May 05 R-Feb 06 A-	
					Written evaluation plan	33.6.d Advisory Committee developed a written plan for evaluating training needs	P-May 05 R-Feb 06 A-	
						33.6.e Plan submitted to CD administrators for approval	P-Jul 05 R-Mar 06 A-	

Program Improvement Implementation								
1			2	3	4	5	6	7
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							Benchmark	Goal
	A	N/A						
				33.7 Develop Child Abuse and Neglect Training (CA/N) Institute for CD staff  Cindy Wilkinson	Committee participant list	33.7.a CA/N Training Institute Planning Partnership committee met to finalize topics and session content for upcoming three CA/N Training Institutes	P-Jan 04 A-Jan 04	
					Training agenda	33.7.b Held first CA/N Training Institute Session	P-Apr 04 A-Jun 04	
					Training agenda	33.7.c Held second CA/N Training Institute	P-Nov 04 A-Nov 04	
					Training agenda	33.7.d Held third CA/N Training Institute	P-Feb 05 A-Feb 05	
				33.8 Provide training based on circuit specific needs  Jeff Adams	Circuit Self-Assessments	33.8.a Circuits completed Circuit Self-Assessments	P-Aug 04 A-Aug 04	
						33.8.b Circuits notified Professional Development and Training Unit of targeted training needs	P-Nov 04 A-Nov 04	
						33.8.c Professional Development and Training Unit to began providing targeted training to circuits based on identified need	P-Jan 05 A-Jan 05	
Item 34: Provision of training for caregivers and adoptive parents that parents addresses the necessary skills and knowledge	X							
Item 35: Service array		X						
				35.1 Increase access and availability to dental services  Bonnie Washeck		35.1.a See WB3.22.1.a		
						35.1.b See WB3.22.1.b		
						35.1.c See WB3.22.1.c		
						35.1.d SeeWB3.22.1.d		
						35.1.e SeeWB3.22.1.e		

Program Improvement Implementation								
1			2	3	4	5	6	7
Outcome or Systemic Factors and Item(s) Contributing to Non-Conformity			Goal/Negotiated Measure/Percent of Improvement	Action Steps	Method of Measurement	Benchmarks Toward Achieving Goal	Dates of Achievement	
							Benchmark	Goal
	A	N/A						
				35.2 Increase the ability of staff and families to access Alcohol and Drug Abuse Services (ADA)  Jeff Adams	Curriculum developed	35.2.a Professional Development and Training developed Family Drug and Safety Training based in focus group information	P-Jan 04 A-Jan 04	
					Training agenda and date	35.2.b Presented Drug training to focus group	P-Feb 04 A-Feb 04	
					Field test training	35.2.c Field tested drug training in Southwest region	P-Jun 04 A-Jun 04	
					Training agenda	35.2.d Second field test conducted in Jefferson County	P-Nov 04 A-Nov 04	
					Curriculum revised	35.2.e Curriculum revised to reflect recommendations during field test, including target audiences and how many staff	P-Apr 05 A-Apr 05	
					Training dates and sites	35.2.f Completed three additional Family, Drugs and Safety trainings across the state.	P-June 06 A-	
				35.3 Increase availability of specialized foster homes for older youth, siblings, disabled and medically fragile children.  Cindy Wilkinson		35.3.a See P1.6.5.a		
						35.3.b See P1.6.5.b		
						35.3.c See P1.6.5.c		
						35.3.d See P1.6.5.d		
						35.3.e See P1.6.5.e		
				35.4 Increase availability of and access to parenting classes and family/parent aide services.  Bonnie Washeck	Circuit self-assessment	35.4.a Through circuit self-assessment, determined available parenting classes and family/parent aide services	P-Mar 05 A-Aug 04	
					CTS contracts	35.4.b Developed performance based CTS contracts for family/parent aide and parenting class service	P-Feb 06 A-	

Program Improvement Implementation								
1			2	3	4	5	6	7
Outcome or Systemic Factors and Item(s) Contributing to Non-Conformity			Goal/Negotiated Measure/Percent of Improvement	Action Steps	Method of Measurement	Benchmarks Toward Achieving Goal	Dates of Achievement	
							Benchmark	Goal
	A	N/A						
				35.5 Increase services to meet the needs of non-English speaking consumers. Kathryn Sapp	Circuit self-assessments	35.5.a Through circuit self-assessment, determined available interpretive services for non-English speaking clients	P-Mar 05 A-Aug 04	
					Recruitment plans	35.5.b Developed recruitment plan for multi/bilingual staff in circuits with identified need	P-May 05 A-Jul 05	
					Forms translated	35.5.c Made CD forms available in other languages (Spanish to accommodate growing Hispanic population)	P-Dec 05 A-	
				35.6 Increase availability of transportation services.  Bonnie Washeck	Circuit self-assessment	35.6.a Available transportation services determined through circuit self-assessment.	P-Mar 05 A-Aug 04	
						35.6.b Recruited regional service organizations to provide transportation services.	P-May 05 A- Jul 05	
					CTS contracts	35.6.c Issued state-wide transportation contracts.	P-Mar 06 A-	
Item 36: The services in item 35 are accessible to families and children in all political jurisdictions covered in the State's CFSP.		X						
				See Item 35, 1-6				
Item 37: The services in item 35 can be individualized to meet the unique needs of children and families served by the		X						

Program Improvement Implementation								
1			2	3	4	5	6	7
Outcome or Systemic Factors and Item(s) Contributing to Non-Conformity			Goal/Negotiated Measure/Percent of Improvement	Action Steps	Method of Measurement	Benchmarks Toward Achieving Goal	Dates of Achievement	
							Benchmark	Goal
	A	N/A						
agency.								
				37.1 Increase access to existing services		See Item 35 1-6		
				37.2 Strengthen worker/supervisor skills in engaging families in the assessment, case planning and case plan review process to increase parent, caregiver (alternative care provider) and child involvement in case assessment, plan development and reassessment.		37.2.a See S2.3.2.a		
						37.2.b See S2.3.2.b		
						37.2.c See S2.3.2.c		
						37.2.d See S2.3.2.d		
						37.2.e See S2.3.2.e		
						37.2.f See S2.3.2.f		
				Kathryn Sapp				
Item 38: Engages in ongoing consultation with critical stakeholders in developing the CFSP	X							
Item 39: Develops annual progress reports in consultation with stakeholders	X							
Item 40: Coordinates services with other federal programs	X							
Item 41: Standards for foster family and child care institutions	X							



Program Improvement Implementation								
1			2	3	4	5	6	7
Outcome or Systemic Factors and Item(s) Contributing to Non-Conformity			Goal/Negotiated Measure/Percent of Improvement	Action Steps	Method of Measurement	Benchmarks Toward Achieving Goal	Dates of Achievement	
							Benchmark	Goal
	A	N/A						
Item 42: Standards are applied equally to all foster family and child care institutions	X							
Item 43: Conducts necessary criminal background checks.	X							
Item 44: Diligent recruitment of foster and adoptive families that reflect children's racial and ethnic diversity.		X						
				44.1 Increase the number of resource families.  Cindy Wilkinson		44.1.a See P1.6.5.a		
						44.1.b See P1.6.5.b		
						44.1.c See P1.6.5.c		
						44.1.d See P1.6.5.d		
						44.1.e See P1.6.5.e		
						44.1.f See P 2.12.3.a		
						44.1.g See P 2.12.3.b		
						44.1.h See P 2.12.3.c		
						44.1.i See P 2.12.3.d		
						44.1.j See P 2.12.3.e		
Item 45: Uses cross-jurisdictional resources to find placements	X							

**Children's Bureau  
Child and Family Services Reviews  
IV. Program Improvement Plan Matrix (PIP Matrix)**

State: Missouri

ACF Regional Office:

State contact and telephone: Lee Temmen, 573-526-3735    \_\_\_ Region I    \_\_\_ Region IV    X Region VII    \_\_\_ Region X

ACF Contact and telephone: Ann Burds, 816 426-2260    \_\_\_ Region II    \_\_\_ Region V    \_\_\_ Region VIII

Date and quarter submitted: February 28, 2006, 4th Quarter    \_\_\_ Region III    \_\_\_ Region VI    \_\_\_ Region IX

A = Achieved

N/A = Not Achieved

**\*Performance derived using the average of pervious four quarters performance**

Program Improvement Implementation								
1			2	3	4	5	6	7
Outcome or Systemic Factors and Item(s) Contributing to Non-Conformity			Goal/Negotiated Measure/Percent of Improvement	Action Steps	Method of Measurement	Benchmarks Toward Achieving Goal	Dates of Achievement	
							Benchmark	Goal
	A	N/A						
<b>Safety Outcome S1:</b>								
<b>Item 1:</b> Timeliness of initiating investigations of reports of child maltreatment		X	Baseline 76.6% (derived from average of 8 quarters in FY 2003 and 2004)  <b>Performance after 4 Quarters = 82.0%*</b> <b>Exceeds Goal</b>  Goal 80.4% (Goal established is calculated by taking the average of 8 quarters performance in 2003 and 2004 and adding 5% of the average to measure improvement. Progress to be		Monitored through CD Outcomes Report Outcome #1: Improve timeliness of initial child contact.			Projected-Dec 2006  Actual-

Program Improvement Implementation								
1			2	3	4	5	6	7
Outcome or Systemic Factors and Item(s) Contributing to Non-Conformity			Goal/Negotiated Measure/Percent of Improvement	Action Steps	Method of Measurement	Benchmarks Toward Achieving Goal	Dates of Achievement	
							Benchmark	Goal
	A	N/A						
			tracked quarterly over two year period from CD Outcomes Report).					
				S1.1.1 Clarify policy regarding timeliness of initiating reports of child maltreatment.		<b>All benchmarks have been completed.</b>		
				S1.1.2 Increase accuracy of data regarding initial contact.  Kathryn Sapp Susan Savage		S.1.1.2.a Data system entry guidelines clarified for “initial contact”.	P-Aug 05 A-Aug 05	
						S.1.1.2.b As determined, if needed by policy clarification, additional systems entry codes developed to capture accurate data.	P-Feb 06 A-Jan 06	
					PRR revised	S1.1.2.c Revised Peer Record review questions to assess accuracy of coding.	P-Sept 05 A-Oct 05	
					Quarterly PRR results	S1.1.2.d Circuit Managers and the assisting QA specialists monitor quarterly Peer Record results and make recommendations for improvements.	P-Ongoing quarterly A-Ongoing quarterly	
				S1.1.3 Study feasibility for alternative protocols for managing non CA/N referrals		<b>All benchmarks have been completed.</b>		
				S1.1.4 Develop improvement plan to respond timely to reports of maltreatment		<b>All benchmarks have been completed.</b>		
				S1.1.5 Call Management and Structured Decision Making (SDM) Protocols Implemented at the Child Abuse and	Protocols developed	S1.1.5.a Began development of SDM and Call Management protocols for CA/N HU.	P-Dec 03 A- Dec 03	
						S1.1.5.b Incorporated SDM and Call management protocols into CA/N HU process.	P-Apr 04 A-Apr 04	

Program Improvement Implementation								
1			2	3	4	5	6	7
Outcome or Systemic Factors and Item(s) Contributing to Non-Conformity			Goal/Negotiated Measure/Percent of Improvement	Action Steps	Method of Measurement	Benchmarks Toward Achieving Goal	Dates of Achievement	
							Benchmark	Goal
	A	N/A						
				Neglect Hotline Unit (CA/N HU) to provide consistent screening and classification of calls received.  Charlotte Gooch	Training agenda	S1.1.5.c Remaining CA/N HU staff trained on protocols and using call management system.	P-Aug 04 A-Aug 04	
					CA/N HU Supervisory Review Tool developed	S1.1.5.d CA/N HU Supervisory Review tool developed to assess quality.	P-Sept 05 A-Sept 05	
						S1.1.5.e CA/N Hotline protocols automated.	P-Sept 05 A-Jun 05	
					PRR revision	S1.1.5.f Added CA/N HU section to the Peer Record Review tool.	P-Sept 05 A-Oct 05	
					PRR tool analysis. On going data collected and reviewed quarterly.	S1.1.5.g Collected and analyzed PRR tool results for practice enhancements. Analysis.	P-Jan 2006 Ongoing Quarterly A- Jan 2006	
				S1.1.6 Revised policy relating to non CA/N referrals (M,P,N) given the division's need to better address its core functions and statutory mandates, with existing available resources.  Kathryn Sapp		S1.1.6.a Defined what statutory core functions are.	P-Dec 05 A-Dec 05	
					Draft plan	S1.1.6.b Developed proposed plan for information dissemination on practice changes regarding non CA/N calls.	P- Dec 05 A-Dec 05	
					Consult with NRC-CPS	S1.1.6.c Consulted with National Resource Center on Child Protective Services regarding non CA/N referrals.	P-Feb 06 A-	
						S1.1.6.d Shared proposed plan with CJA taskforce	P-Mar 06 A-	
					Policy developed	S1.1.6.e Policy changed for CANHU on the screening process for non CA/N calls.	P-Mar 06 A-	
					Training agenda	S1.1.6.f Training provided to CANHU staff on modified protocol changes.	P-Apr 06 A-	
					Notification letter	S1.1.6.g Notified known mandated reporters and other professional organizations on practice changes.	P- May 06 A-	

Program Improvement Implementation								
1			2	3	4	5	6	7
Outcome or Systemic Factors and Item(s) Contributing to Non-Conformity			Goal/Negotiated Measure/Percent of Improvement	Action Steps	Method of Measurement	Benchmarks Toward Achieving Goal	Dates of Achievement	
							Benchmark	Goal
	A	N/A						
					Disseminate policy	S1.1.6.h Disseminate policy changes to all staff.	P-Jun 06 A-	
<b>Item 2: Repeat maltreatment</b>  <b>Recurrence of Maltreatment:</b>  Of all children who were victims of a substantiated or indicated maltreatment report in the first six months of the fiscal year, what percent were victims of another substantiated or indicated report within a 6 month period		X	CA/N Recidivism Nat'l Standard 6.1 % or less MO FFY 2003 NCANDS Baseline 8.3%  NCANDS Goal 7.4% (Based on Federal formula for goal setting  4th quarter performance= <b>5.1%*</b> based on quarterly Outcome Report not NCANDS. NCANDS data not available quarterly.					P-Dec 2006  A-
				S1.2.1 Ensure consistent and accurate completion of SDM safety and risk assessment.		<b>All benchmarks have been completed with quarterly evaluation of SDM PRR.</b>		
<b>Incidence of Child Abuse and/or Neglect in Foster Care:</b>  Of all children who were in foster care during the reporting			CA/N in AC Nat'l Standard 0.57% or less  MO FFY 2003 NCANDS Baseline 0.37%  <b>Goal Achieved</b>					P-Dec 2006  A-

Program Improvement Implementation								
1			2	3	4	5	6	7
Outcome or Systemic Factors and Item(s) Contributing to Non-Conformity			Goal/Negotiated Measure/Percent of Improvement	Action Steps	Method of Measurement	Benchmarks Toward Achieving Goal	Dates of Achievement	
							Benchmark	Goal
	A	N/A						
period of the fiscal year, what percent experienced maltreatment from foster parents or facility staff members?								
				S1.2.2 Implementation of “Confirming Safe Environments” (CSE) process.  Susan Savage	Training agenda	S1.2.2.a All staff trained in CSE process in test sites of Pettis, Cooper, and Greene.	P-Jul 04 A-Jul 04	
					Training agenda	S1.2.2.b Trained one Out-of-Home Unit on CSE in St. Louis City.	P-Jul 04 A-Jul 04	
						S1.2.2.c In-house expertise developed for training	P-Dec 04 A-Dec 04	
					Evaluation report	S1.2.2.d Central Office staff summarized test site implementation in Pettis, Cooper and Greene for Child Protection	P-Mar 05 A-Mar 05	
					Modified curriculum	S1.2.2.e Strengths in summary and CSE curriculum identified by statewide committee.	P-Aug 05 A-Aug 05	
					Submission of expansion and training plan	S1.2.2.f Strengths in summary and CSE curriculum incorporated into policy and practice through policy memo and localized training.	P-Jan 06 R-Jul 06 A-	
				S1.2.3 Strengthen policy regarding assessment of safety at and throughout placement.  Cindy Wilkinson	Policy developed	S1.2.3.a Developed policy regarding assessment of safety at and throughout placement.	P-May 05 R-Jul 06 A-	
					Policy disseminated	S1.2.3.b Disseminate policy and monitor through on going circuit self-assessments, PRR and supervisory oversight.	P-June 05 R-Jul 06 A-	

Program Improvement Implementation								
1			2	3	4	5	6	7
Outcome or Systemic Factors and Item(s) Contributing to Non-Conformity			Goal/Negotiated Measure/Percent of Improvement	Action Steps	Method of Measurement	Benchmarks Toward Achieving Goal	Dates of Achievement	
							Benchmark	Goal
	A	N/A						
				S1.2.4 Practice Enhancement Teams (PET) assist Circuit Managers in development of improvement strategies to reduce repeat maltreatment and CA/N in foster care.		<b>All benchmarks have been completed.</b>		
				S1.2.5. Strengthen policy and practice relating to chronic neglect and accumulation of harm.  Kathryn Sapp	Analysis report	S1.2.5.a Statewide analysis of families with multiple reports completed by CD and Institute of Applied Research (IAR).	P-June 04 A-Feb 04	
					Waiver application	S1.2.5.b Submit revised Title IV-E waiver application for Chronic Neglect pilot.	P-Jan 05 A-May 05	
					Training curriculum	S1.2.5.c Training Curriculum for pilot sites developed regardless of waiver outcome.	P-July 05 A-Jun 05	
						S1.2.5.d Three pilot sites selected (Jasper, McDonald and Newton counties) based on negotiations with Federal partners.	P-July 05 A-Jun 05	
					Training agenda	S1.2.5.e Pilot sites trained by FCS consultants.	P-Jul 05 A-Jun 05	
					IAR Screening Tool	S1.2.5.f Used IAR's screening tool to determine if families meet the CN criteria.	P-Nov 05 A-Oct 05	
					Tracking tool	S1.2.5.g Developed a tool for manual tracking of CN families to be utilized throughout pilot	P-Feb 06 A-	
						S1.2.5.h Initiated pilots.	P-Apr 06 A-	
					Evaluation report	S1.2.5.i CD staff evaluated effectiveness of pilot.	P-Oct 06 A-	

Program Improvement Implementation								
1			2	3	4	5	6	7
Outcome or Systemic Factors and Item(s) Contributing to Non-Conformity			Goal/Negotiated Measure/Percent of Improvement	Action Steps	Method of Measurement	Benchmarks Toward Achieving Goal	Dates of Achievement	
							Benchmark	Goal
	A	N/A						
					Outcome data	S1.2.5.j Based on results determine statewide applicability	P-Nov 06 A-	
				S1.2.6 Develop performance-based contract for foster parents Bonnie Washeck	Licensing rules	S1.2.6.a Incorporated HB 1453 legislation regarding the Professional Family Development Plan (PFDP) into Licensing rules.	P-May 05 A-May 05	
						S1.2.6.b Identified the performance based criteria required for the PFDP.	P-Aug 05 A-Oct 05	
						S1.2.6.c Informed foster parents of PFDP criteria at assessment and reassessment	P-Aug 05 ongoing A-Oct 05	
					Memo	S1.2.6.d Identify plan to inform CD staff of new requirements for foster parents.	P-Nov 05 A-Dec 05	
					Training agenda	S1.2.6.e Trained CD staff on PFDP and how to assist family in developing and implementing the plan.	P-Feb 06 A-	
						S1.2.6.f Identified resources for foster families to use to successfully implement PFDP.	P-Mar 06 A-	
						S1.2.6.g Initiated PFDP for all new and reassessed foster parents.	P-May 06 A-	
<b>Safety Outcome S2:</b>								
<b>Item 3:</b> Services to family to protect child(ren) in home and prevent removal		X	Baseline 80.4%  4th quarter PRR results = <b>78.7%*</b>  Goal 84.4% (Goal established is calculated by taking the average of 8 quarters performance		Peer Record Review (PRR) IV-15 Rating of the overall quality of the service plan and service delivery			P-Dec 2006  A-



Program Improvement Implementation								
1			2	3	4	5	6	7
Outcome or Systemic Factors and Item(s) Contributing to Non-Conformity			Goal/Negotiated Measure/Percent of Improvement	Action Steps	Method of Measurement	Benchmarks Toward Achieving Goal	Dates of Achievement	
							Benchmark	Goal
	A	N/A						
			in 2003 and 2004 and adding 5% of the average to measure improvement.)					
				S2.3.1 Improve family assessment and case plan tools to better link service provision to the needs of the family identified in the initial and ongoing assessments; include a mechanism for family self-assessment and identified areas <b>specifically</b> related to child safety and risk concerns (to be completed concurrently with S2.3.2)  Kathryn Sapp	Draft of CD-14	S2.3.1.a CD-14 family assessment tool field test initiated in Circuit 2.	P-Sep 04 A-Sep 04	
						S2.3.1.b CD-14 family assessment tool field test expanded to other sites.	P-May 05 A-Feb 05	
					Evaluation report	S2.3.1.c Results of field test evaluated and analyzed by staff and work group.	P-Jun 05 A-Mar 05	
					Revised CD-14	S2.3.1.d Revised CD-14 as needed.	P-Jul 05 A-Apr 05	
						S2.3.1.e Recommendations regarding changes made.	P & A On-going	
					Policy issuance	S2.3.1.f Policy issued with new documents and instructions.	P-Oct 05 R-Jan 06 A-Dec 05	
					Training	S2.3.1.g Training of existing staff completed.	P-Jan 06 A-Feb 06	
						S2.3.1.h Incorporated changes into BASIC training.	P-Jan 06 A-Feb 06	
				S2.3.2 Strengthen worker/supervisor skills in engaging families in the assessment, case planning and case plan review process to increase parent, caregiver (alternative care provider) and child involvement in case assessment, plan development and		S2.3.2.a Conducted focus groups (workers, supervisors, circuit managers and consumers) in four circuits (circuits 1, 2, 10, 41) to identify clinical support needs.	P-Aug 04  A-Aug 04	
					Supplemental Supervisory Training	S2.3.2.b Focus group results compiled and used for supplemental supervisory training.	P-Oct 04 A-Oct 04	
					Training curriculum developed and began	S2.3.2.c Training curriculum developed and supplemental FST training began.	P-Feb 05 A-Feb 05	

Program Improvement Implementation								
1			2	3	4	5	6	7
Outcome or Systemic Factors and Item(s) Contributing to Non-Conformity			Goal/Negotiated Measure/Percent of Improvement	Action Steps	Method of Measurement	Benchmarks Toward Achieving Goal	Dates of Achievement	
							Benchmark	Goal
	A	N/A						
				reassessment.  Bonnie Washeck		S2.3.2.d Up to twenty sessions of Supplemental Supervisory training for all Supervisor I's began.	P-Feb 05 A-Mar 05	
					Training agenda and summary of feedback	S2.3.2.e Training provided for existing staff and feedback solicited from trainees on training.	P-Oct 05 A-Oct 05	
					Survey results and circuit improvement plans	S2.3.2.f PET teams annually analyzed family satisfaction survey data and PDR results for improvement with the expectation that circuits develop methods to improve.	P-Nov 05 annually A-Feb 06	
				S2.3.3 Improve supervisory capacity to monitor enhanced practice relating to case planning.  Susan Savage		S2.3.3.a Reviewed existing supervisory case review tools.	P-May 05 A-May 05	
					Draft of tool	S2.3.3.b Created draft standardized supervisory case review tool.	P-June 05 A-Sep 05	
						S2.3.3.c Supervisory case review tool field tested by selected supervisors.	P-Sept 05 A-Sep 05	
					Feedback summary	S2.3.3.d Feedback from field testing reviewed by review team.	P-Jan 06 A-Dec 05	
					Tool revision	S2.3.3.e Supervisory case review tool revised as needed.	P-Jan 06 A-Jan 06	
					Protocol established and manual revision	S2.3.3.f Protocol for supervisory case review established and manual revisions made.	P-Jan 06 A-Jan 06	
						S2.3.3.g System automation completed for supervisory case review tool.	P-Feb 06 A-	
					Policy disseminated and implemented	S2.3.3.h Supervisory case review tool and protocols approved and distributed for statewide use.	P-Feb 06 A-	
				S2.3.4 Establish procedures to access various service funding streams. Bonnie Washeck		S2.3.4.a Developed service access funding grid and guidelines.	P-Aug 05 A-Aug 05	

Program Improvement Implementation								
1			2	3	4	5	6	7
Outcome or Systemic Factors and Item(s) Contributing to Non-Conformity			Goal/Negotiated Measure/Percent of Improvement	Action Steps	Method of Measurement	Benchmarks Toward Achieving Goal	Dates of Achievement	
							Benchmark	Goal
	A	N/A						
					Guidelines distributed	S2.3.4.b Distributed service access funding grid and guidelines to all staff.	P-Sept 05 A-Feb 06	
				S2.3.5. Per new legislation, develop state comprehensive children's mental health plan to increase level of cooperation between court, mental health, child welfare and families.		<b>All benchmarks have been completed.</b>		
Item 4: Risk of harm to child(ren)		X	Baseline 89.4%  4th quarter PRR results = <b>89.5%*</b>  Goal 90.3% (Goal established is calculated by taking the average of 8 quarters performance in 2003 and 2004 and adding 1% of the average to measure improvement.)		PRR IV-13 Services being provided to the family are adequate to meet their needs as identified in the assessment.			P-Dec 2006  A-
				S2.4.1 Ensure consistent and accurate completion of SDM safety and risk assessment.		<b>All benchmarks have been completed.</b>		
				S2.4.2 Implementation of "Confirming Safe Environments" process.  Susan Savage		S2.4.2.a See to S1.2.2.a S2.4.2.b See to S1.2.2.b S2.4.2.c See to S1.2.2.c S2.4.2.d See to S1.2.2.d S2.4.2.e See to S1.2.2.e		

Program Improvement Implementation								
1			2	3	4	5	6	7
Outcome or Systemic Factors and Item(s) Contributing to Non-Conformity			Goal/Negotiated Measure/Percent of Improvement	Action Steps	Method of Measurement	Benchmarks Toward Achieving Goal	Dates of Achievement	
							Benchmark	Goal
	A	N/A						
						S2.4.2.f See to S1.2.2.f		
				S2.4.3 Implement enhanced background screening for foster/kinship and court ordered providers.		<b>All benchmarks have been completed.</b>		
				S2.4.4 Development of “Culture of Care Initiative” for improving safety and nurturance of children in a residential care setting.		<b>All benchmarks have been completed with ongoing monitoring of POE reports received by residential facilities.</b>		
				S2.4.5 Improve family assessment and case plan tools to better link service provision to the needs of the family identified in the initial and ongoing assessments; include a mechanism for family self-assessment and identified areas <b>specifically</b> related to child safety and risk concerns.		S2.4.5.a See S2.3.1.a		
						S2.4.5.b See S2.3.1.b		
						S2.4.5.c See S2.3.1.c		
						S2.4.5.d See S2.3.1.d		
						S2.4.5.e See S2.3.1.e		
						S2.4.5.f See S2.3.1.f		
						S2.4.5.g See S2.3.1.g		
						S2.4.5.h See S2.3.1.h		
				Kathryn Sapp				
<b>Permanency Outcome 1</b>		X						
<b>Item 5</b>	X		Passed CFSR On-site review and 2002 AFCARS					
<b>Item 6: Stability of foster care</b>		X	Stability in foster care. Nat’l Standard					P-Dec 2006

Program Improvement Implementation								
1			2	3	4	5	6	7
Outcome or Systemic Factors and Item(s) Contributing to Non-Conformity			Goal/Negotiated Measure/Percent of Improvement	Action Steps	Method of Measurement	Benchmarks Toward Achieving Goal	Dates of Achievement	
							Benchmark	Goal
	A	N/A						
placement			86.7% or more  4th quarter performance based on quarterly outcomes report = 74.9%* not AFCARS formula. AFCARS data not available.  MO FFY 2003 78.6% AFCARS Goal 80.5% (Based on Federal formula for goal setting)					A-
				P1.6.1 Increase system capacity to accurately track placement kinship vendor types.  Lesley Pettit		P1.6.1.a Logic created to track additional placement types 1) Kin, Related, Not licensed 2) Kin, Non-related, Not licensed 3) Kin, Non-related, Licensed.	P-Mar 05	
						P1.6.1.b Coding changes in Legacy completed.	A-Feb 05	
					Policy disseminated	P1.6.1.c Policy updated and distributed to CD staff.	P-May 05 A-May 05	
					Data converted	P1.6.1.d Staff will convert existing data to reflect accurate placement types.	P-Aug 05 A-Sep 05	
					Quarterly Outcome Report	P1.6.1.e Coding changes to be reflected in Quarterly Outcome Report.	P-Dec 05 A-Feb 06	
				P1.6.2 Improve diligent search for relatives/missing parents.		<b>All benchmarks have been completed.</b>	P-Apr 06 A-	

Program Improvement Implementation								
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							Benchmark	Goal
	A	N/A						
				P1.6.3 Expand use of family support team meetings to promote stability in alternative care placements		<b>All benchmarks have been completed.</b>		
				P1.6.4 Identify resource family types and shortages	Circuit data	P1.6.4.a Resource and recruitment contractors worked with circuits to determine resource family needs.	P-Mar 05	
				Cindy Wilkinson	Circuit management plan	P1.6.4.b Recruitment plan targeting resource families written into a circuit management plan to address identified need.	A-Apr 05	
					Contract extension	P1.6.4c Extended current Foster Care/Adoption Resource Services contract	P-May 05	
					Circuit progress reports	P1.6.4d Circuit reported quarterly progress on recruitment activities	A-Jul 05	
					NRC Technical Assistance plan	P1.6.4e Consulted with the National Resource Center for Family Centered Practice and Permanency Planning regarding recruitment of resource families.	P-Nov 05	
							A-Nov 05	
				P1.6.5 Increase number of resource families	Recruitment and retention plan developed	P1.6.5.a Recruitment and retention plan for foster home serving older youth implemented through Chafee program.	P-Feb 06 quarterly	
				Cindy Wilkinson			A-Mar 06	
					Adopt US Kids campaign	P1.6.5.b Implemented Adopt US Kids campaign.	P-Mar 06	
					Request for Proposal	P1.6.5.c RFP written and released for performance based case management contracts (PBC).	A-Jan 06	
					Award letters	P1.6.5.d Awarded PBC contracts.	P-Jun 04	
						P1.6.5.e PBC Case Management Services began	A-Jun 04	
							P-Jul 04	
							A-Jul 04	
							P-Apr 05	
							A-Apr 05	
							P-Jun 05	
							A-Jun 05	
							P-Sep 05	
							A-Sep 05	

Program Improvement Implementation								
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							Benchmark	Goal
	A	N/A						
					Contract extension	P1.6.5.f Extended current Foster Care/Adoption Resource Services contract.	P-Nov 05 A-Nov 05	
					ACTS data report	P1.6.5.g Quarterly report on PBC contractors' performance on stated child outcome on safety, permanency, and stability.	P-Feb 06 quarterly A-	
					NRC Technical Assistance plan	P1.6.5.h Consulted with the National Resource Center for Family Centered Practice and Permanency Planning regarding recruitment of resource families.	P-Mar 06 A-Jan 06	
					Annual report	P1.6.5.i Annual report to General Assembly regarding PBC regarding case management, recruitment and training outcomes.	P-Jul 06 annually A-	
				P1.6.6 Increase placement stability by improving matching capabilities for children in out-of-home settings.  Cindy Wilkinson		P1.6.6.a Consulted with the National Resource Center for Family Centered Practice and Permanency Planning regarding "critical" factors in placement stability.	P-Mar 06  A-Jan 06	
					Survey results	P1.6.6.b Surveyed resource families to gather information regarding placement stability.	P-May 06 A-	
						P1.6.6.c Developed a placement matching tool designed for use in team decision making.	P-Oct 06 A-	
					Matching tool developed disseminated	P1.6.6.d Tool disseminated with instructions.	P-Nov 06 A-	
						P1.6.6.e Tool incorporated into BASIC training and supervisory oversight provided to existing staff.	P-Dec 06 A-	

Program Improvement Implementation								
1			2	3	4	5	6	7
Outcome or Systemic Factors and Item(s) Contributing to Non-Conformity			Goal/Negotiated Measure/Percent of Improvement	Action Steps	Method of Measurement	Benchmarks Toward Achieving Goal	Dates of Achievement	
							Benchmark	Goal
	A	N/A						
				P1.6.7 Evaluate support and training provided for relative/kinship resource families  Cindy Wilkinson Jeff Adams	Survey	P1.6.7.a Surveyed current relative caregivers on the adequacy of the Caregiver who Knows the Child training curriculum.	P-Dec 05 A-Feb 06	
					Analysis report	P1.6.7.b Data Collected and analyzed.	P-Feb 06 A-	
					Curriculum revision	P1.6.7.c Based on curriculum modifications, training to began to be delivered to newly licensed relative/kinship providers.	P-Sep 06 A-	
<b>Item 7:</b> Permanency goal for child		X	Baseline 85.9%  4th quarter PRR results = 83.5%*  Goal 90.2% (Goal established is calculated by taking the average of 8 quarters performance in 2003 and 2004 and adding 5% of the average to measure improvement.)		PRR V-12 The permanency plan was developed and it includes options for concurrent planning.			P-Dec 2006  A-
				P1.7.1 Ensure the frequency and timeliness of Family Support Team Meetings occurs per policy		<b>All benchmarks have been completed. Ongoing PRR monitoring.</b>		
				P1.7.2 Improve quality of Family Support Teams (FSTs) to ensure permanency goal is reviewed and established		P1.7.2.a Made ACTS systems changes to track permanency reviews separately from FSTs.	P-Aug 04 A-Aug 04	
					Policy developed	P1.7.2.b Policy written on ACTS systems changes and elements necessary for permanency reviews.	P-Sep 04 A-Aug 04	



Program Improvement Implementation								
1			2	3	4	5	6	7
Outcome or Systemic Factors and Item(s) Contributing to Non-Conformity			Goal/Negotiated Measure/Percent of Improvement	Action Steps	Method of Measurement	Benchmarks Toward Achieving Goal	Dates of Achievement	
							Benchmark	Goal
	A	N/A						
				Kathryn Sapp Cindy Wilkinson	Policy disseminated	P1.7.2.c Policy disseminated to all staff.	P-Sep 04 A-Aug 04	
					Training agenda	P1.7.2.d Incorporated ACTS system changes and policy into BASIC and computer systems training.	P-Jan 05 A-Oct 04	
					List of facilitators	P1.7.2.e Identified individuals who will serve as expert facilitators for more difficult FSTs.	P-Mar 05 A-Jul 05	
					Protocol developed	P1.7.2.f Protocol developed for accessing expert facilitators.	P-Apr 05 A-May 05	
					Training agenda	P1.7.2.g Trained expert facilitators.	P-Apr 05 R-Jan 06 A-Jan 06	
					Memo disseminated	P1.7.2.h Memo describing expert facilitator access protocol and expert facilitator duties distributed to all staff.	P-Apr 05 R-Jan 06 A-Feb 06	
				P1.7. 3 Strengthen policy and practice relating to concurrent planning.  Cindy Wilkinson		P1.7.3.a Circuit Managers monitored outcomes through PRR tool.	P-Mar 05 A-Mar 05	
					Improvement plans	P1.7.3.b Circuit Managers assisted by the PET to develop improvement plans.	P-May 05 A- Jul 05	
					Training curriculum and revised child welfare manual	P1.7.3.c Integrated concurrent planning into Advanced FCOOHC In-Service Module training and child welfare manual.	P-May 06 A-	
				P1.7.4 Increase collaboration with courts by providing cross training to judiciary, court staff, GALs and Children's Division staff on ASFA & Permanency hearings consistent with state and federal regulations.		<b>All benchmarks have been completed. Continue bi-annual training with OSCA.</b>		

Program Improvement Implementation								
1			2	3	4	5	6	7
Outcome or Systemic Factors and Item(s) Contributing to Non-Conformity			Goal/Negotiated Measure/Percent of Improvement	Action Steps	Method of Measurement	Benchmarks Toward Achieving Goal	Dates of Achievement	
							Benchmark	Goal
	A	N/A						
<b>Item 8:</b> Reunification, guardianship, or permanent placement with relatives.		X	Reunification Nat'l Standard 76.2% or more  MO FFY 2003 AFCARS Baseline 59.8%  AFCARS Goal 62.2% (Based on Federal formula for goal setting).  4th quarter performance based on quarterly outcomes report = 68.2 %* not AFCARS. AFCARS data not available.					P-Dec 2006  A-
				P1.8.1 Address permanency and services needs of children in Legal Status 2, 3, and 4.		All benchmarks have been completed.		
				P1.8.2 Establish procedures to access various service funding streams.		P1.8.2.a See S2.3.4.a. P1.8.2.b See S2.3.4.b.		
				Bonnie Washeck				

Program Improvement Implementation								
1			2	3	4	5	6	7
Outcome or Systemic Factors and Item(s) Contributing to Non-Conformity			Goal/Negotiated Measure/Percent of Improvement	Action Steps	Method of Measurement	Benchmarks Toward Achieving Goal	Dates of Achievement	
							Benchmark	Goal
	A	N/A						
				P1.8.3 Ensure frequency and timeliness of Family Support Team Meetings occurs per policy.		<b>All benchmarks have been completed.</b>		
				P1.8.4 Improve quality of Family Support Teams to assure the review of permanency goal.  Kathryn Sapp Cindy Wilkinson		P1.8.4.a See P1.7.2.a		
						P1.8.4.b See P1.7.2.b		
						P1.8.4.c See P1.7.2.c		
						P1.8.4.d See P1.7.2.d		
						P1.8.4.e See P1.7.2.e		
						P1.8.4.f See P1.7.2.f		
						P1.8.4.g See P1.7.2.g		
						P1.8.4.h See P1.7.2.h		
				P1.8.5 Increase collaboration with courts by providing cross training to new judiciary, court staff, Children's Division staff and GAL's on ASFA & Permanency hearings consistent with state and federal regulations.		<b>All benchmarks have been completed.</b>		
				P1.8.6 Increase collaboration with courts by providing cross training to judiciary, court staff, GAL's and Children's Division staff regarding roles and responsibilities.		<b>All benchmarks have been completed.</b>		

Program Improvement Implementation								
1			2	3	4	5	6	7
Outcome or Systemic Factors and Item(s) Contributing to Non-Conformity			Goal/Negotiated Measure/Percent of Improvement	Action Steps	Method of Measurement	Benchmarks Toward Achieving Goal	Dates of Achievement	
							Benchmark	Goal
	A	N/A						
				P1.8.7 Collaborate with OSCA to explore barriers that would allow Juvenile Courts to enter temporary custody orders and transfer jurisdiction to Probate & Circuit Courts to expedite guardianship.		<b>All benchmarks have been completed.</b>		
				P1.8.8 Determined policy remedy to be used in addition or in lieu of any legislative change referred in P1.8.7.  Jim Harrison Lesley Pettit		P1.8.8a Each circuit determined strategies with their court to expedite guardianship for children placed with relatives in CD custody.	P-Oct 05	
						P1.8.8.b See P1.6.1a	A-Oct 05	
						P1.8.8.c See P1.6.1b		
						P1.8.8.d See P1.6.1c		
						P1.8.8.e See P1.6.1d		
						P1.8.8.f See P1.6.1e		
<b>Item 9: Adoption</b>	X		Adoption Nat'l Standard 32% or more  MO FFY 2003 AFCARS Baseline 38.5%  <b>Goal achieved</b>					P- Dec 2006  A-
				P1.9.1 Termination of Parental Rights will be filed in a timely manner, except when compelling reasons are documented.	Data report	P1.9.1.a.Examine TPR data from current information system.	P-Feb 05 A-Feb 05	
					Circuit reports on outcomes of meetings with courts.	P1.9.1.b Initiated local circuit meetings with Judicial Courts to address local procedures for filing of TPR petitions.	P-Jun 05 A-Jul 05	

Program Improvement Implementation								
1			2	3	4	5	6	7
Outcome or Systemic Factors and Item(s) Contributing to Non-Conformity			Goal/Negotiated Measure/Percent of Improvement	Action Steps	Method of Measurement	Benchmarks Toward Achieving Goal	Dates of Achievement	
							Benchmark	Goal
	A	N/A						
				Cindy Wilkinson Kathryn Sapp	Policy developed	P1.9.1.c Developed policy for supervisor and staff responsibilities in documenting compelling reasons for not filing TPR.	P-Jun 05 A-Jul 05	
					Policy disseminated	P1.9.1.d Policy disseminated to staff and supervisory oversight	P-Aug 05 R-Mar 06 A-	
						P1.9.1.e Incorporated into BASIC training.	P-Jun 05 R-Mar 06 A-	
					PRR monitoring	P1.9.1.f Quarterly monitoring by PRR.	P&A ongoing quarterly	
						P1.9.1.g Incorporated into Advanced FCOOHC In-service module training.	P-May 06 A-	
				P1.9.2 Increase number of resource families.  Cindy Wilkinson	Performance based contracts and outcome reports	P1.9.2.a See P1.6.5.a		
						P1.9.2.b See P1.6.5.b		
						P1.9.2.c See P1.6.5.c		
						P1.9.2.d See P1.6.5.d		
						P1.9.2.e See P1.6.5.e		
				P1.9.3 Increase capacity to conduct home studies and finalize adoptions.		<b>All benchmarks have been completed.</b>		
				P1.9.4 Improve access to legal representation for CD staff.		<b>All benchmarks have been completed.</b>		
Item 10: Other planned living arrangement		X	Baseline 63.6%  4th quarter results for PRR V-22 = <b>52.7%*</b>  Goal = 66.4%  Baseline 63.3%		PRR V-22 Youth 16 or older have an ILP plan documented in the case record (CS-1 Att.)			

Program Improvement Implementation								
1			2	3	4	5	6	7
Outcome or Systemic Factors and Item(s) Contributing to Non-Conformity			Goal/Negotiated Measure/Percent of Improvement	Action Steps	Method of Measurement	Benchmarks Toward Achieving Goal	Dates of Achievement	
							Benchmark	Goal
	A	N/A						
			Goal = 66.4%  4th quarter results for PRR V-21 = 71.5%* <b>Goal achieved</b>  Goal established is calculated by taking the average of 8 quarters performance (in 2003 and 2004 and adding 5% of the average to measure improvement.)		PRR V-21 Youth 16 or over, are participating in or have completed ILP classes			P-Dec 2006  A-
				P1.10.1 Increase number and quality of resource families for older youth		P1.10.1.a See P1.6.5.a		
						P1.10.1.b See P1.6.5.b		
						P1.10.1.c See P1.6.5.c		
						P1.10.1.d See P1.6.5.d		
						P1.10.1.e See P1.6.5.e		
				Cindy Wilkinson	Discuss recruitment activities	P1.10.1.f Met with IL Specialists to discuss strategies on recruitment activities for locating homes for older youth.	P-Mar 05  A-Mar 05	
					Recruitment activities report	P1.10.1.g Met with IL Specialists to report on community recruitment activities.	P-Jun 05  A-Jun 05	
						P1.10.1.h Incorporated Ready, Set, Fly curriculum and Chafee video into foster parent training.	P-Sep 05  A-Sep 04	
				P1.10.2 Increase awareness of Chafee program services to staff and community members.		All benchmarks have been completed. Continue annual SYAB conference and providing Chafee information.		

Program Improvement Implementation								
1			2	3	4	5	6	7
Outcome or Systemic Factors and Item(s) Contributing to Non-Conformity			Goal/Negotiated Measure/Percent of Improvement	Action Steps	Method of Measurement	Benchmarks Toward Achieving Goal	Dates of Achievement	
							Benchmark	Goal
	A	N/A						
				P1.10.3 Increase program accessibility to provide life skills training services for older youth.		<b>All benchmarks have been completed. Continue annual SYAB conference and consulting with SYAB on older youth needs.</b>		
<b>Permanency Outcome P2:</b>								
<b>Item 11:</b> Proximity of foster care placement	X							
<b>Item 12:</b> Placement with siblings		X	Baseline 85.6  4th quarter PRR results = <b>85.8%*</b>  Goal 89.9% (Goal established is calculated by taking the average of 8 quarters performance in 2003 and 2004 and adding 5% of the average to measure improvement).		Monitored through Peer Record Review Question V-4: Siblings are placed together or there is ongoing visitation			P-Dec 2006 A-
				P2.12.1 Increase the number of siblings placed together  Kathryn Sapp	Policy developed	P2.12.1.a Policy developed for FST to be required prior to separating siblings at any time during placement episode.	P-Aug 04	
					Policy enhancement	P2.12.1.b Enhanced policy addressing the continual need for maintaining sibling relationship.	A-Aug 04	
					PRR results & Improvement plans	P2.12.1.c Circuit Managers monitored quarterly PRR results and improvement plans developed.	P-Feb 05 Ongoing Quarterly A-Ongoing	

Program Improvement Implementation								
1			2	3	4	5	6	7
Outcome or Systemic Factors and Item(s) Contributing to Non-Conformity			Goal/Negotiated Measure/Percent of Improvement	Action Steps	Method of Measurement	Benchmarks Toward Achieving Goal	Dates of Achievement	
							Benchmark	Goal
	A	N/A						
					Administrative review developed	P2.12.1.d Developed administrative process to review cases after siblings are separated after 30 days.	P-Nov 05 R-Apr 06 A-	
				P2.12.2 Develop an ongoing training module regarding sibling placements for staff, foster parents, and juvenile court staff.		P2.12.2.a Emphasis on the importance of sibling bonds, long term effects of separation, and importance of visitation, parentified child and sibling rivalries incorporated into foster parent training.	P-Nov 05  A-Dec 05	
				Jeff Adams		P2.12.2.b See P1.7.4.a		
						P2.12.2.c See P1.7.4.b		
						P2.12.2.d See P1.7.4.c		
						P2.12.2.e See P1.7.4.d		
						P2.12.2.f See P1.7.4.e		
						P2.12.2.g See P1.7.4.f		
					Training module	P2.12.2.h Emphasis on the importance of sibling bonds, long term effects of separation, and importance of visitation, parentified child and sibling rivalries incorporated into BASIC and advanced FCOOHC In-Service training module.	P-May 06  A-	
				P2.12.3 Increase capacity for resource families that accept sibling groups.		P2.12.3.a See P1.6.5.a		
						P2.12.3.b See P1.6.5.b		
						P2.12.3.c See P1.6.5.c		
						P2.12.3.d See P1.6.5.d		
				Cindy Wilkinson		P2.12.3.e See P1.6.5.e		
Item 13: Visiting with parents and siblings in foster care.		X	Baseline 89.4 %  4th quarter PRR results = 84.5%*		Parents' visits monitored through PRR Question V-13.			



Program Improvement Implementation								
1			2	3	4	5	6	7
Outcome or Systemic Factors and Item(s) Contributing to Non-Conformity			Goal/Negotiated Measure/Percent of Improvement	Action Steps	Method of Measurement	Benchmarks Toward Achieving Goal	Dates of Achievement	
							Benchmark	Goal
	A	N/A						
			Goal 90.3% (Goal established is calculated by taking the average of 8 quarters performance in 2003 and 2004 and adding 1% of the average to measure improvement).  Baseline 85.6%  4th quarter PRR results = 85.8%*  Goal 89.9% (Goal established is calculated by taking the average of 8 quarters performance in 2003 and 2004 and adding 5% of the average to measure Improvement).		There is a current visitation plan in place to facilitate reunification.  Sibling visits monitored through Peer Record Review question V-4: Siblings are placed together or there is ongoing visitation.			P-Dec 2006  A-
				P2.13.1 Increase frequency and quality of parent/child and sibling visits.  Cindy Wilkinson	Policy revision	P2.13.1.a Revised policy to improve qualitative and quantitative visitation plan requirements.	P-Aug 05 R-Jul 06 A-	
						P2.13.1.b Incorporated policy revision into BASIC training and supervisory oversight provided to existing staff.	P-Sept 05 R-Aug 06 A-	
					PRR	P2.13.1.c Incorporated revisions into PRR tool.	P-Sept 05 R-Aug 06 A-	
					Revised policy and training module	P2.13.1.d Policy revision incorporated and staff training began: Advanced FCOOHC In-Service training module.	P-May 06 R-Aug 06 A-	

Program Improvement Implementation								
1			2	3	4	5	6	7
Outcome or Systemic Factors and Item(s) Contributing to Non-Conformity			Goal/Negotiated Measure/Percent of Improvement	Action Steps	Method of Measurement	Benchmarks Toward Achieving Goal	Dates of Achievement	
							Benchmark	Goal
	A	N/A						
					Quarterly data reports	P2.13.1.e Circuit Managers monitor data regarding frequency of parent/child/sibling visits.	P-Oct 05 R-Nov 06 A-	
					Practice improvement plans developed	P2.13.1.f Circuit Managers assisted by the PET teams developed practice improvement plans using all available data for guidance.	P-Oct 05 R-Nov 06 A-	
Item 14: Preserving connections		X	Baseline 23.3%  4th quarter performance = 25.0%*  Goal 25.6%  Baseline 83%  4th quarter results for PRR = 84.0 %*  Goal 87.2% Goal established is calculated by taking the average of 8 quarters performance in 2003 and 2004 and adding 5% of the average to measure improvement.		Relative Placement CD-Outcomes #17. Increase the number of children placed with relative provider  PRR V-1 Consideration was given to relatives or kin for placement.			P-Dec 2006  A-
				P2.14.1 Increase emphasis on preserving familial and community connections for children in out of home care.	Evaluation report	P2.14.1.a Evaluated Family-to-Family program regarding applicability for statewide implementation.	P-May 05 A-Jan 06	
						P2.14.1.b Submitted evaluation recommendations to administration.	P-July 05 A-Jan 06	

Program Improvement Implementation								
1			2	3	4	5	6	7
Outcome or Systemic Factors and Item(s) Contributing to Non-Conformity			Goal/Negotiated Measure/Percent of Improvement	Action Steps	Method of Measurement	Benchmarks Toward Achieving Goal	Dates of Achievement	
							Benchmark	Goal
	A	N/A						
				Kathryn Sapp		P2.14.1.c Based on results of Family to Family evaluation and review of other state's best practices determined statewide applicability.	P-Aug 05 A-Jan 06	
					State plan developed	P2.14.1.d Develop state plan to address preserving connections.	P-Oct 05 A-Feb 06	
				P2.14.2 Improve diligent search for relatives/missing parents.		<b>All benchmarks have been completed.</b>		
				P2.14.3 Revise ICWA policy	Policy revision	P2.14.3.a Revised ICWA policy to reflect best practice standards.	P-Aug 04 A-Aug 04	
				Cindy Wilkinson Kathryn Sapp	CPS-1 CD-14	P2.14.3.b ICWA questions incorporated into intake (CPS-1) and family assessment (CD-14) tools.	P-May 05 A-Apr 05	
					Policy disseminated	P2.14.3.c Newly revised intake & assessment disseminated to all CD staff.	P-Aug 05 A-Dec 05	
					PRR	P2.14.3.d Add ICWA question to Peer Record Review tool.	P-Sept 05 A-Mar 05	
					PRR quarterly data reports	P2.14.3.e Establish a baseline for ICWA for Peer Record.	P-Sept 05 A-Jun 05	
Item 15: Relative placement		X	Baseline 25.9%  4th quarter Outcome Reports results = <b>28.0%*</b> <b>Goal achieved</b>  Goal 27.2% (Goal established is calculated by taking the average of 8 quarters performance in 2003 and 2004 and		Relative Placement monitored through the number of children placed with relative provider in legal status 1-4		P-Dec 2006  A-	

Program Improvement Implementation								
1			2	3	4	5	6	7
Outcome or Systemic Factors and Item(s) Contributing to Non-Conformity			Goal/Negotiated Measure/Percent of Improvement	Action Steps	Method of Measurement	Benchmarks Toward Achieving Goal	Dates of Achievement	
							Benchmark	Goal
	A	N/A						
			adding 5% of the average to measure improvement).  Progress to be tracked quarterly over two year period from CD Outcomes Report  Baseline 83.0%  4th quarter PRR results = <b>84.0%*</b>  Goal 87.2% (Goal established is calculated by taking the average of 8 quarters performance adding 5% of the average to measure improvement).		Monitored through Peer Record Review question V-1: Consideration was given to relatives or kin for placement			
				P2.15.1 Increase system capacity to accurately track placement kinship vendor types.  Lesley Pettit		P2.15.1.a See P1.6.1.a P2.15.1.b See P1.6.1.b P2.15.1.c See P1.6.1.c P2.15.1.d See P1.6.1.d P2.15.1.e See P1.6.1.e		
				P2.15.2 Improve diligent search for relatives/missing parents.		<b>All benchmarks have been completed.</b>		
				P2.15.3 Evaluate support and training		P2.15.3.a See P1.6.7.a P2.15.3.b See P1.6.7.b		

Program Improvement Implementation								
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Outcome or Systemic Factors and Item(s) Contributing to Non-Conformity			Goal/Negotiated Measure/Percent of Improvement	Action Steps	Method of Measurement	Benchmarks Toward Achieving Goal	Dates of Achievement	
							Benchmark	Goal
	A	N/A						
				provided for relative/kinship resource families  Cindy Wilkinson Jeff Adams		P2.15.3.c See P1.6.7.c		
Item 16: Relationship of child in care with parents		X	Baseline 91.0%  4th quarter PRR results = <b>90.1%*</b>  Goal 91.9% (Goal established is calculated by taking the average of 8 quarters performance in 2003 and 2004 and adding 1% of the average to measure improvement).		Parent Visits monitored through Peer Record Review question V-3: The child is placed in close proximity to his/her family.			P-Dec 2006  A-
				P2.16.1 Improve diligent search for non-custodial parent.		<b>All benchmarks have been completed.</b>		
				P2.16.2 Improve engagement of non-custodial parents in case planning by strengthening worker/supervisor skills in engaging families in the assessment, case planning and case plan review process.	PRR Outcomes	P2.16.2.a See S2.3.2.a P2.16.2.b See S2.3.2.b P2.16.2.c See S2.3.2.c P2.16.2.d See S2.3.2.d P2.16.2.e See S2.3.2.e P2.16.2.f See S2.3.2.f		

Program Improvement Implementation								
1			2	3	4	5	6	7
Outcome or Systemic Factors and Item(s) Contributing to Non-Conformity			Goal/Negotiated Measure/Percent of Improvement	Action Steps	Method of Measurement	Benchmarks Toward Achieving Goal	Dates of Achievement	
							Benchmark	Goal
	A	N/A						
				Increase parent, caregiver (alternative care provider) and child involvement in case assessment, plan development and reassessment.  Kathryn Sapp				
Well Being Outcome 1 Families have enhanced capacity to provide for children's needs								
Item 17: Needs and services of child, parents, foster parents		X	Baseline 82.1%  4th quarter PRR results = 80.9%* Goal 86.2%  Baseline 91.0%  4th quarter PRR results = 89.6%* Goal 95.6% (Goal established is calculated by taking the average of 8 quarters performance in 2003 and 2004 and adding 5% of the average to measure improvement).		PRR III-10 Rating for the overall quality of the comprehensive assessment.  PRR III-3 The needs of the family/child are identified.			P-Dec 2006  A-
				WB1.17.1 Improve family assessment and		WB1.17.1.a See S2.3.1.a WB1.17.1.b See S2.3.1.b		

Program Improvement Implementation								
1			2	3	4	5	6	7
Outcome or Systemic Factors and Item(s) Contributing to Non-Conformity			Goal/Negotiated Measure/Percent of Improvement	Action Steps	Method of Measurement	Benchmarks Toward Achieving Goal	Dates of Achievement	
							Benchmark	Goal
	A	N/A						
				case plan tools to better link service provision to the needs of the bio family identified in the initial and ongoing assessments. Kathryn Sapp		WB1.17.1.c See S2.3.1.c WB1.17.1.d See S2.3.1.d WB1.17.1.e See S2.3.1.e WB1.17.1.f See S2.3.1.f WB1.17.1.g See S2.3.1.g WB1.17.1.h See S2.3.1.h		
			Baseline 80.4% 4th quarter PRR results = <b>78.7 %*</b>  Goal 84.4% (Goal established is calculated by taking the average of 8 quarters performance in 2003 and 2004 and adding 5% of the average to measure improvement).		PRR IV-15 Rating for the overall quality of the service plan and service delivery process.			
				WB1.17.2 Strength workers skills in engaging families in the assessment, case planning and case plan review processes to increase parent, caregiver (alternative care provider) and child involvement in case assessment, plan development and reassessment  Kathryn Sapp		WB1.17.2.a See S2.3.2.a WB1.17.2.b See S2.3.2.b WB1.17.2.c See S2.3.2.c WB1.17.2.d See S2.3.2.d WB1.17.2.e See S2.3.2.e WB1.17.2.f See S2.3.2.f		
				WB1.17.3		WB1.17.3.a See S1.2.2.a		

Program Improvement Implementation								
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Outcome or Systemic Factors and Item(s) Contributing to Non-Conformity			Goal/Negotiated Measure/Percent of Improvement	Action Steps	Method of Measurement	Benchmarks Toward Achieving Goal	Dates of Achievement	
							Benchmark	Goal
	A	N/A						
				Implementation of "Confirming Safe Environments" to reduce the risk for children in foster/kinship care to identify needs of child and providers.  Cindy Wilkinson		WB1.17.3.b See S1.2.2.b WB1.17.3.c See S1.2.2.c WB1.17.3.d See S1.2.2.d WB1.17.3.e See S1.2.2.e WB1.17.3.f See S1.2.2.f		
Item 18: Child and family involvement in case planning.		X	Baseline 74.1%  4th quarter PRR results = 74.8 %*  Goal 77.8% (Goal established is calculated by taking the average of 8 quarters performance in 2003 and 2004 and adding 5% of the average to measure improvement).		Monitored through Peer Record Review question IV-8: The family participated in the development of and signed the service plan.			P-Dec 2006  A-
				WB1.18.1 Maximize parental/family participation in Family Support Team Meetings.  Bonnie Washeck		WB1.18.1.a See S2.3.2 a WB1.18.1.b See S2.3.2 b WB1.18.1.c See S2.3.2 c WB1.18.1.d See S2.3.2 d WB1.18.1.e See S2.3.2 e WB1.18.1.f See S2.3.2 f		
					Protocol established	WB1.18.1.g Established a protocol for accessing division staff outside of regular working hours.	P-Aug 05 A-Aug 05	
				WB1.18.2 Improve the quality of Family Support Team		WB1.18.2.a See P1.7.2a WB1.18.2.b See P1.7.2b WB1.18.2.c See P1.7.2c		



Program Improvement Implementation								
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Outcome or Systemic Factors and Item(s) Contributing to Non-Conformity			Goal/Negotiated Measure/Percent of Improvement	Action Steps	Method of Measurement	Benchmarks Toward Achieving Goal	Dates of Achievement	
							Benchmark	Goal
	A	N/A						
				Meetings.		WB1.18.2.d See P1.7.2d		
				Kathryn Sapp Cindy Wilkinson		WB1.18.2.e See P1.7.2e		
						WB1.18.2.f See P1.7.2f		
						WB1.18.2.g See P1.7.2g		
						WB1.18.2.h See P1.7.2h		
				WB1.18.3 Review and further develop a handbook, to be distributed at the point of removal, to educate parents on their rights and responsibilities, court procedures, etc.  Cindy Wilkinson		WB1.18.3.a Collected parent handbooks used by various circuits.	P-Aug 05 A-Aug 05	
					Workgroup list	WB1.18.3.b Convened a work group to evaluate parent handbooks.	P-Oct 05 A-Sep 05	
					Parent handbook	WB1.18.3.c Developed a universal parent handbook.	P-Jan 06 A-Jan 06	
					Survey results	WB1.18.3.d Solicited consumer feedback on parent handbook	P-Apr 06 A-	
					Policy developed	WB1.18.3.e Developed policy on use of parent handbook.	P-July 06 A-	
					Policy disseminated	WB1.18.3.f Policy distributed to all staff and supervisory oversight.	P-Sept 06 A-	
					Training curriculum	WB1.18.3.g Policy Incorporated into BASIC training	P-Oct 06 A-	
Item 19: Worker visits with child – improve quantity and quality		X	Baseline 72.8%  4th quarter PRR results = 77.3%* <b>exceeds goal</b> Goal 76.4% (Goal established is calculated by taking the average of 8 quarters performance in 2003 and 2004 and adding 5% of the average to measure improvement).		Foster Care cases monitored through Peer Record Review question V-16: The worker visits the child twice every month.			
				WB1.19.1 Develop policy addressing the	Team appointments	WB1.19.1a Appointed visitation policy and practice team.	P-Jan 05 A-Feb 05	

Program Improvement Implementation								
1			2	3	4	5	6	7
Outcome or Systemic Factors and Item(s) Contributing to Non-Conformity			Goal/Negotiated Measure/Percent of Improvement	Action Steps	Method of Measurement	Benchmarks Toward Achieving Goal	Dates of Achievement	
							Benchmark	Goal
	A	N/A						
				quality of visits to incorporate case planning, service delivery and goal attainment.  Bonnie Washeck	Convene meeting	WB1.19.1.b Convened first policy and practice team meeting.	P-Feb 05 A-May 05	
					Policy developed	WB1.19.1.c Team developed policy on visitation and draft protocol regarding quality of visits.	P-May 05 R-Apr 06 A-	
					Recommendations reviewed	WB1.19.1.d Recommendation reviewed by policy review team and executive staff.	P-Jun 05 R-May 06 A-	
						WB1.19.1.e Policy disseminated to staff.	P-Aug 05 R-Jul 06 A-	
						WB1.19.1.f Utilize Practice Enhancement Teams (PET) to support protocols.	P-Aug 05 R-Jul 06 A-	
				WB1.19.2 Increase policy compliance for frequency of worker visits for intact and out-of-home cases.		<b>All benchmarks have been completed. Quarterly circuit workload reports.</b>		
				WB1.19.3 Tracking system to track worker visits (date/site).  Jim Harrison		WB1.19.3.1.a Enhancements made to the existing ACTS and FCS system.	P-Feb 06 A-	
						WB1.19.3.1.b SACWIS began to be available to track visitation in Case Management System.	P-May 06  A-	
Item 20: Worker Visit with parent(s).		X	Baseline 85.3%  4th quarter PRR results = <b>85.6%*</b> Goal 89.5% (Goal established is calculated by taking the average of 8 quarters performance in 2003 and 2004 and adding 5% of the		Intact and Foster Care Cases monitored through Peer Record Review question IV-14: The worker visits family (caretakers) at least one time per month.			P-Dec 2006  A-

Program Improvement Implementation								
1			2	3	4	5	6	7
Outcome or Systemic Factors and Item(s) Contributing to Non-Conformity			Goal/Negotiated Measure/Percent of Improvement	Action Steps	Method of Measurement	Benchmarks Toward Achieving Goal	Dates of Achievement	
							Benchmark	Goal
	A	N/A						
			average to measure improvement).					
				WB1.20.1 Strengthen worker relationships with biological or adoptive parents.  Bonnie Washeck	Protocols established	WB1.20.1.a Protocols established in WB1.19.1.c included in adoptive parent training	P-May 05 R-Apr 06	
					Revise PRR	WB1.20.1.b Revised PRR to reflect collateral contacts required per family risk assessment/reassessment	P-Jun 05 A-Jun 05	
						WB1.20.1.c See S2.3.2.a		
						WB1.20.1.d See S2.3.2.b		
						WB1.20.1.e See S.2.3.2.c		
						WB1.20.1.f See S.2.3.2.d		
						WB1.20.1.g See S.2.3.2.e		
					WB1.20.1.h See S2.3.2.f			
				WB1.20.2 – Refer to: WB1.19.1, WB1.19.2 and WB1.19.3  a. WB1.19.1 Develop policy addressing the quality of visits to incorporate case planning, service delivery and goal attainment.  b. WB1.19.2 Increase policy compliance for frequency of worker visits for intact and out-of-home cases.  c. WB1.19.3 Tracking system to track worker visits (date/site).		WB1.20.2.a See WB1.19.1.a-f		
						WB1.20.2.b See WB1.19.2 a-c		
						WB1.20.2.c See WB1.19.3 a-b		

Program Improvement Implementation								
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Outcome or Systemic Factors and Item(s) Contributing to Non-Conformity			Goal/Negotiated Measure/Percent of Improvement	Action Steps	Method of Measurement	Benchmarks Toward Achieving Goal	Dates of Achievement	
							Benchmark	Goal
	A	N/A						
Well Being Outcome 2 Children receive services to meet their educational needs								
<b>Item 21:</b> Children receive appropriate services to meet their educational needs		X	Baseline 95.6%  4th quarter PRR results = <b>94.8%*</b>  Goal 96.6% (Goal established is calculated by taking the average of 8 quarters performance in 2003 and 2004 and adding 1% of the average to measure improvement.)		PRR V-18 The child is at grade level and receiving appropriate educational services.			P-Dec 2006  A-
				WB2.21.1 Improve working relationship among Children's Division, Department of Elementary and Secondary Education (DESE) and local school districts.		<b>All benchmarks have been completed.</b>		
				WB2.21.2 Improve the flow of educational records and reports when children transfer schools.  Kathryn Sapp Cindy Wilkinson	Protocols developed	WB2.21.2.a Local protocols developed for alternative care children regarding permission of custodian to access records needed for enrollment.	P-Jun 05 A-Jun 05	
					Residential Facility contracts	WB2.21.2.b. Incorporated accountability measures for transfer of educational records into Residential Facility contracts.	P-Jun 05 R-Jan 06 A-Feb 06	

Program Improvement Implementation								
1			2	3	4	5	6	7
Outcome or Systemic Factors and Item(s) Contributing to Non-Conformity			Goal/Negotiated Measure/Percent of Improvement	Action Steps	Method of Measurement	Benchmarks Toward Achieving Goal	Dates of Achievement	
							Benchmark	Goal
	A	N/A						
				WB2.21.3 Decrease the incidence of educational neglect, truancy and suspension of children in care.  Cindy Wilkinson Kathryn Sapp		WB2.21.3.a Consult with National Resource Centers and other national education resources regarding early identification of educational neglect, truancy and suspension of children in care.	P-Apr 05 A-Apr 05	
					Revised CD-14 and CS-1	WB2.21.3.b Identification of risk factors for educational neglect, truancy or school suspension incorporated into the CD-14 and CS-1.	P-Jul 05 A-Jul 05	
					Distribute youth training video	WB2.21.4.c Distribute Youth Training Video for teacher in-service training.	P-Sep 05 A-Nov 05	
					Protocol developed	WB2.21.3.d Protocol developed for accessing early interventions for students at risk for educational neglect, truancy and suspension.	P-Oct 05 A-Nov 05	
					Protocol developed	WB2.21.3.e Protocol developed for children expelled due to the Safe School Act.	P-Oct 05 A-Nov 05	
					Protocol disseminated	WB2.21.3.f Protocols distributed to staff and shared with local school districts.	P-Nov 05 A-Feb 06	
						WB2.21.3.g Protocols incorporated into BASIC and foster parent training.	P-Dec 05 A-Feb 06	
				WB2.21.4 Decrease the incidence of educational neglect, truancy and suspension of children for intact families. Kathryn Sapp		WB2.21.4.a Consulted with National Resource Center on Child Maltreatment and other national education resources regarding early identification of educational neglect, truancy and suspension of intact families.	P-Apr 05 A- Apr 05	
					CD-14 revision	WB2.21.4.b Identification of risk factors for educational neglect, truancy or school suspension incorporated into the CD-14.	P-July 05 A-Jul 05	

Program Improvement Implementation								
1			2	3	4	5	6	7
Outcome or Systemic Factors and Item(s) Contributing to Non-Conformity			Goal/Negotiated Measure/Percent of Improvement	Action Steps	Method of Measurement	Benchmarks Toward Achieving Goal	Dates of Achievement	
							Benchmark	Goal
	A	N/A						
					Distribute youth training video	WB2.21.4.c Distribute Youth Training Video for teacher in-service training.	P-Sep 05 A-Nov 05	
					Protocol developed	WB2.21.4.d Protocol developed for accessing early interventions for students at risk for educational neglect, truancy and suspension.	P-Oct 05 A-Nov 05	
					Protocol developed	WB2.21.4.e Protocol developed for children expelled due to the Safe School Act.	P-Oct 05 A-Nov 05	
					Protocols disseminated	WB2.21.4.f Protocols distributed.	P-Nov 05 A-Feb 06	
						WB2.21.4.g Protocols incorporated into BASIC training.	P-Dec 05 A-Feb 06	
Well-Being 3 (WB3): Children receive adequate services to meet their physical and mental health needs.								
Item 22: Physical health of the child		X	Baseline 96.9%  4th quarter PRR results = <b>96.1%*</b>  Goal 97.8% (Goal established is calculated by taking the average of 8 quarters performance in 2003 and 2004 and adding 1% of the average to measure improvement.		PRR V-17: The physical needs of the child are being met.			P-Dec 2006  A-

Program Improvement Implementation								
1			2	3	4	5	6	7
Outcome or Systemic Factors and Item(s) Contributing to Non-Conformity			Goal/Negotiated Measure/Percent of Improvement	Action Steps	Method of Measurement	Benchmarks Toward Achieving Goal	Dates of Achievement	
							Benchmark	Goal
	A	N/A						
				WB3.22.1 Increase ability of Children's Division staff and families to access available dental resources.		<b>All benchmarks have been completed.</b>		
				WB3.22.2 Increase capacity of staff to assess medical needs of children in intact families.  Bonnie Washeck	CD-14 revision	WB3.22.2.a Revised CD-14 to include assessment of medical needs of children in intact families.	P-July 05 A-Apr 05	
					Policy disseminated	WB3.22.2.b Issued revised form and policy.	P-Sep 05 R-Dec 05 A-Dec 05	
					Training curriculum	WB3.22.2.c Existing staff trained in Assessment and Service Planning using CD-14 as tool statewide.	P-Oct 05 R-Jan 06 A-Feb 06	
						WB3.22.2.d Integrated CD-14 into Advanced Family-Centered In-service training module.	P-Jan 06 A-Feb 06	
Item 23: Mental health needs of the child		X	Baseline 96.4%  4th quarter PRR results = <b>96.0%*</b>  Goal 97.3% (Goal established is calculated by taking the average of 8 quarters performance in 2003 and 2004 and adding 1% of the average to measure improvement.		PRR V-19: The mental health needs of the child are being met.			P-Dec 2006  A-

Program Improvement Implementation								
1			2	3	4	5	6	7
Outcome or Systemic Factors and Item(s) Contributing to Non-Conformity			Goal/Negotiated Measure/Percent of Improvement	Action Steps	Method of Measurement	Benchmarks Toward Achieving Goal	Dates of Achievement	
							Benchmark	Goal
	A	N/A						
				WB3.23.1 Increase the ability of Children's Division staff and families to access available mental health resources.		<b>All benchmarks have been completed.</b>		
				WB3.23.2 Increase awareness of staff and foster parents regarding attachment and mental health issues.  Cindy Wilkinson		WB3.23.2.a See P1.6.3.a		
						WB3.23.2.b Increased the number of staff and foster parents trained on Working with the Explosive Child (See Training Matrix).	P & A- Ongoing semi-annually	
						WB3.23.2.c Increased the number of staff and foster parents trained on Grief and Loss (See Training Matrix).	P-Sep 04 A-Sep 04 ongoing semi-annual	
					Curriculum developed	WB3.23.2.d Developed Reactive Attachment Disorder curriculum.	P-Mar 05 A-Mar 05	
					Training agenda	WB3.23.2.e Incorporated attachment issues training into on-going training.	P-Sep 06 A-	
				WB3.23.3 Increase capacity of staff to assess mental health needs of children in intact families.  Kathryn Sapp	CD-14 revision	WB3.23.3.a Incorporated assessment of mental health needs of children in intact families in CD-14 revision (See S2.3.1.b-h).	P-July 05  A-Apr 05	
					Practice improvement plans	WB3.23.3.b Circuit Managers evaluated SCRT results and developed practice improvement strategies as needed.(See S2.3.3 a-f)	P-Apr 06 ongoing quarterly A-	
<b>Systemic Factors</b>								
Item 24: System can identify the status, demographic characteristics, location and goals	X							



Program Improvement Implementation								
1			2	3	4	5	6	7
Outcome or Systemic Factors and Item(s) Contributing to Non-Conformity			Goal/Negotiated Measure/Percent of Improvement	Action Steps	Method of Measurement	Benchmarks Toward Achieving Goal	Dates of Achievement	
							Benchmark	Goal
	A	N/A						
of children in foster care.								
Item 25: Provides a process that ensures that each child has a written case plan to be developed jointly with the child's parent(s) that includes the required provisions.		X	Baseline 80.4%  4th quarter PRR results = 78.7%*  Goal 84.4% (Goal established is calculated by taking the average of 8 quarters performance in 2003 and 2004 and adding 5% of the average to measure improvement.		Monitored through Peer Record Review question IV-15 Rating for the overall quality of the service plan and service delivery process.			
				25.1 Improve family assessment and case plan tools to better link service provision to the needs of the family identified in the initial and ongoing assessments. Kathryn Sapp		25.1.a See S2.3.1.a 25.1.b See S2.3.1.b 25.1.c See S2.3.1.c 25.1.d See S2.3.1.d 25.1.e See S2.3.1.e 25.1.f See S2.3.1.f 25.1.g See S2.3.1.g 25.1.h See S2.3.1.h		
				25.2 Strengthen worker/supervisor skills in engaging families in the assessment, case planning and case plan review process to increase parent, caregiver (alternative care provider) and child involvement in case		25.2.a See S2.3.2.a 25.2.b See S2.3.2.b 25.2.c See S2.3.2.c 25.2.d See S2.3.2.d 25.2.e See S2.3.2.e		

Program Improvement Implementation								
1			2	3	4	5	6	7
Outcome or Systemic Factors and Item(s) Contributing to Non-Conformity			Goal/Negotiated Measure/Percent of Improvement	Action Steps	Method of Measurement	Benchmarks Toward Achieving Goal	Dates of Achievement	
							Benchmark	Goal
	A	N/A						
				assessment, plan development and reassessment.  Kathryn Sapp		25.2.f See S2.3.2.f		
				25.3 Improve supervisory capacity to monitor practice linking the assessment with the overall plan.  Bonnie Washeck		25.3.a See S2.3.3.a 25.3.b See S2.3.3.b 25.3.c See S2.3.3.c 25.3.d See S2.3.3.d 25.3.e See S2.3.3.e 25.3.f See S2.3.3.f 25.3.g See S2.3.3.g 25.3.h See S2.3.3.h		
				25.4 Maximize parental/family involvement in Family Support Team Meetings.  Bonnie Washeck		25.4.a See P1.6.2.a 25.4.b See P1.6.2.b 25.4.c See P1.6.2.c 25.4.d See P1.6.2.d 25.4.e See S2.3.2 a 25.4.f See S2.3.2 b 25.4.g See S2.3.2 c 25.4.h See S2.3.2 d 25.4.i See S2.3.2 e 25.4.j See S2.3.2 f		
				25.5 Improve staff facilitation skills for Family Support Team Meetings.  Jeff Adams	Training curriculum	25.5.a Began offering 25 supplemental FST trainings to selected staff throughout state.	P-Feb 05 A-Feb 05	
						25.5.b Enhanced/Improved FST skill application for BASIC.	P-Feb 05 A-Feb 05	
						25.5.c Advanced FST skill application integrated into advanced Family-Centered Out-of-Home Service In-Service module.	P-May 06 A-	
						25.5.d Advanced FST skill application integrated into Advanced Family-Centered Service In-Service module.	P-Sep 06 A-	

Program Improvement Implementation								
1			2	3	4	5	6	7
Outcome or Systemic Factors and Item(s) Contributing to Non-Conformity			Goal/Negotiated Measure/Percent of Improvement	Action Steps	Method of Measurement	Benchmarks Toward Achieving Goal	Dates of Achievement	
							Benchmark	Goal
	A	N/A						
Item 26: Process for 6-month case reviews		X	Baseline 62.8% (derived from average of 8 quarters in FY 2003 and 2004)  4th Quarter performance = 56.0%*  Goal 69% (Goal established through method described in Item 15 using Outcomes Report data).		Monitored through CD Outcomes Report Outcome #12: Children with Timely Completion of Permanency Planning Review within 30 Days and 6 Months.			P-Dec 2006  A-
				26.1 Revised current policy to clarify an Administrative Review and requirements		All benchmarks have been completed.		
				26.2 Recruit 3 <sup>rd</sup> party participants for Administrative Reviews	Volunteer list	26.2.a Circuit Managers recruited and trained a pool of qualified volunteers to participate in six month administrative reviews.	P-May 05 A-Nov 05	
				Cindy Wilkinson		26.2.b Circuit Managers scheduled and assigned individual reviewers to cases.	P-May 05 R-May 06 A-	
				26.3 Increase ability to track 6 month Administrative Reviews separately from FSTs.		All benchmarks have been completed.		

Program Improvement Implementation								
1			2	3	4	5	6	7
Outcome or Systemic Factors and Item(s) Contributing to Non-Conformity			Goal/Negotiated Measure/Percent of Improvement	Action Steps	Method of Measurement	Benchmarks Toward Achieving Goal	Dates of Achievement	
							Benchmark	Goal
	A	N/A						
Item 27: Provides a process that ensures that each child in foster care under the supervision of the State has a permanency hearing in a qualified court or administrative body no later than 12 months from the date the child entered foster care and no less frequently than every 12 months thereafter.		X	Will extract data on most recent court date from ACTS system.  <i>Baseline established on March 31, 2005</i>  <b>Baseline for LS 1-3 children on 1/31/06 = 92.3%</b>  <b>Goal 88.0% with a 2 % increase</b>					P-Dec 2006  A-
				27.1 Improve access to legal representation for CD.		<b>All benchmarks have been completed.</b>		
				27.2 Implement training to develop testifying skills for CD staff.		27.2.a Current curriculum evaluated by Division of Legal Services.	P-Apr 05 A-Dec 04	
				Jeff Adams		27.2.b Obtained technical assistance from DLS, NRC and OSCA.	P-Jun 05 A-Jul 05	
					Curriculum modified	27.2.c Based on evaluation and technical assistance curriculum modified.	P-Oct 05 A-Oct 05	
						27.2.d Modified curriculum approved.	P-Dec 05 A-Dec 05	
					Training curriculum	27.2.e Modified curriculum incorporated into Basic and OJT for existing staff.	P-Mar 06 A-	
				27.3 Increase the timeliness of 12 month		27.3.a See 27.2.a		
						27.3.b See 27.2.b		

Program Improvement Implementation								
1			2	3	4	5	6	7
Outcome or Systemic Factors and Item(s) Contributing to Non-Conformity			Goal/Negotiated Measure/Percent of Improvement	Action Steps	Method of Measurement	Benchmarks Toward Achieving Goal	Dates of Achievement	
							Benchmark	Goal
	A	N/A						
				Permanency Hearings  Cindy Wilkinson Kathryn Sapp		27.3.c See 27.2.c		
						27.3.d See 27.2.d		
						27.3.e See 27.2.e		
					Report on circuits where issues need to be addressed	27.3.f Collaborated with OSCA at the state level to ensure joint accountability for timely court hearings and identify circuits where CD and court issues needed to be addressed.	P-May 05 A-Jun 05	
					Workgroup participant list	27.3.g Developed on-going Court Issues workgroup to monitor timeliness of hearings.	P-June 05 A-Aug 05	
						27.3.h Developed local protocols between the court and CD offices to ensure timely hearings.	P-July 05 A-Aug 05	
					FST policy revision	27.3.i Revised Family Support Team policy to assure 12 month Permanency Hearing date is discussed and documented during team meeting.	P-Jul 05 A-Jul 05	
						27.3.j Incorporated new FST policy into BASIC and OJT training for existing staff.	P-Aug 05 R-Apr 06 A-	
				27.4 Provide cross training to judiciary, court staff, GALs and Children's Division staff on ASFA & Permanency hearings consistent with state and federal regulations.		<b>All benchmarks have been completed.</b>		

Program Improvement Implementation								
1			2	3	4	5	6	7
Outcome or Systemic Factors and Item(s) Contributing to Non-Conformity			Goal/Negotiated Measure/Percent of Improvement	Action Steps	Method of Measurement	Benchmarks Toward Achieving Goal	Dates of Achievement	
							Benchmark	Goal
	A	N/A						
Item 28: Provides a process for termination of parental rights proceedings in accordance with provisions of ASFA.		X	Baseline 83.4%  4th Quarter PRR results = 88.1%* <b>Goal achieved</b>  Goal 87.5% (Goal established is calculated by taking the average of 8 quarters performance in 2003 and 2004 and adding 5% of the average to measure improvement.)		Monitored through PRR V-14: TPR has occurred or been filed when the child has been in Out-of-Home Care for 15 of the most recent 22 months, or compelling reasons are documented.			P-Dec 2006  A-
				28.1 Improve access to legal representation for CD.		<b>All benchmarks have been completed.</b>		
				28.2 Strengthen worker/supervisor skills in engaging families in the assessment, case planning and case plan review process to increase parent, caregiver (alternative care provider) and child involvement in case assessment, plan development and reassessment.  Kathryn Sapp		28.2.a See S2.3.2.a 28.2.b See S2.3.2.b 28.2.c See S2.3.2.c 28.2.d See S2.3.2.d 28.2.e See S2.3.2.e 28.2.f See S2.3.2.f		
				28.3 Termination of Parental Rights will be filed in a timely		28.3.a See P1.9.1a 28.3.b See P1.9.1.b 28.3.c See P1.9.1.c		

Program Improvement Implementation								
1			2	3	4	5	6	7
Outcome or Systemic Factors and Item(s) Contributing to Non-Conformity			Goal/Negotiated Measure/Percent of Improvement	Action Steps	Method of Measurement	Benchmarks Toward Achieving Goal	Dates of Achievement	
							Benchmark	Goal
	A	N/A						
				manner, except when compelling reasons are documented.  Cindy Wilkinson		28.3.d See P1.9.1.d 28.3.e See P1.9.1.e		
				28.4 Improve diligent search for relatives/parents.		<b>All benchmarks have been completed.</b>		
				28.5 Collaborate with OSCA to amend 211.447 RSMo to ensure consistency w/ASFA requirements regarding filing of TPR petitions w/in 60 days of a judicial determination that the child is an abandoned infant, or that no Reasonable Efforts are required.  Jim Harrison	Draft proposal	28.5.a Proposal drafted.	P-Aug 05 A-Aug 05	
						28.5.b Written proposal reviewed by OSCA and the Department.	P-Oct 05 A-Aug 05	
					Meeting agenda	28.5.c Meetings held between OSCA and the Department of Social Services to finalize proposal.	P-Nov 05 A-Aug 05	
					Draft legislation	28.5.d Advocated for proposed legislation.	P-Jun 06 A-	
Item 29: Provides a process for foster parents, re-adoptive parents, and relative caregivers of children in foster care to be notified of, and have an opportunity to be heard in, any review or hearing		X		29.1 Increase ability of foster parents to be notified of and heard in court.		<b>All benchmarks have been completed.</b>		

Program Improvement Implementation								
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Outcome or Systemic Factors and Item(s) Contributing to Non-Conformity			Goal/Negotiated Measure/Percent of Improvement	Action Steps	Method of Measurement	Benchmarks Toward Achieving Goal	Dates of Achievement	
							Benchmark	Goal
	A	N/A						
held with respect to the child.								
Item 30: Standards to assure quality services and ensure children's safety and health	X							
Item 31: Identifiable QA system that evaluates the quality of services and improvements	X							
Item 32: Provision of ongoing staff training that addresses the necessary skills and knowledge	X							
Item 33: Ongoing training for staff		X						
				33.1 Develop supervisory training for front line supervisors.  Jeff Adams		33.1.a Professional Development and Training collaborated with HRC for on-going supervisors training.	P-Feb 04 A-Feb 04	
					Training agenda	33.1.b Implemented Module Four of the CPS Supervisor Training Project.	P-Mar 04 A-Apr 04	
					Training agenda	33.1.c Implemented Module Five of the CPS Supervisor Training Project.	P-Jul 04 A-Aug 04	
					Training agenda	33.1.d Implemented Module Six of the CPS Supervisor Training Project.	P-Oct 04 A-Nov 04	
					Debriefing report	33.1.e CPS Supervisor Training Project Debriefing.	P-Dec 04 A-Dec 04	
					List of trainings offered	33.1.f HRC supervisor administrative pre-service training began for CD supervisors.	P-Dec 04 A-Nov 04	



Program Improvement Implementation								
1			2	3	4	5	6	7
Outcome or Systemic Factors and Item(s) Contributing to Non-Conformity			Goal/Negotiated Measure/Percent of Improvement	Action Steps	Method of Measurement	Benchmarks Toward Achieving Goal	Dates of Achievement	
							Benchmark	Goal
	A	N/A						
					Curriculum developed	33.1.g Professional Development and Training completed development of new supervisor training curriculum/structure including initial and on-going training.	P-July 05 A-Jul 05	
						33.1.h Training curriculum reviewed and approved by CD management.	P-Aug 05 A-Aug 05	
						33.1.i Professional Development and Training selected one rural and one metro field test site.	P-Aug 05 A-Aug 05	
						33.1.j Professional Development and Training field tested curriculum in two test sites	P-Sep 05 A-Sep 05	
					Evaluation report	33.1.k Professional Development and Training evaluated field test results	P-Jan 06 A-Jan 06	
					Curriculum revised	33.1.l Professional Development and Training, revised curriculum based on evaluation	P-Jan 06 A-Jan 06	
						33.1.m Professional Development and Training implemented curriculum statewide.	P-June 06 A-	
				33.2 Develop advanced in-service training module for investigations and assessments		<b>All benchmarks have been completed.</b>		
				33.3 Develop advanced in-service training module for Family- Centered Services  Jeff Adams	Workgroup participant list	33.3.a Professional Development and Training formed workgroup to develop Family-Centered Services advanced in-service training module.	P-Feb 04 A-Feb 04	
					Focus group report	33.3.b Professional Development and Training workgroup conducted focus groups for feedback on Family-Centered Service training needs.	P-Mar 04 A-Mar 04	

Program Improvement Implementation								
1			2	3	4	5	6	7
Outcome or Systemic Factors and Item(s) Contributing to Non-Conformity			Goal/Negotiated Measure/Percent of Improvement	Action Steps	Method of Measurement	Benchmarks Toward Achieving Goal	Dates of Achievement	
							Benchmark	Goal
	A	N/A						
						33.3.c Professional Development and Training reviewed Family-Centered Service focus group feedback.	P-Mar 04 A-Mar 04	
					Curriculum developed	33.3.d Professional Development and Training developed advanced in-service curriculum for Family-Centered Services.	P-Aug 05 A-Aug 05	
						33.3.e CD administration approved advanced Family-Centered Services in-service training module.	P-Aug 05 A-Sep 05	
					Training dates	33.3.f Professional Development and Training began training advanced Family-Centered Services curriculum.	P-Sep 05 A-Oct 05	
					Curriculum revisions	33.3.g Professional Development and Training evaluated advanced Family-Centered Services training module and made revisions.	P-Mar 06 A-	
						33.3.h Professional Development and Training implemented revised Family-Centered Services advanced in-service training statewide.	P-Sep 06 A-	
				33.4 Develop advanced in-service training module for Family-Centered Out-of-Home Care Services  Jeff Adams	Workgroup participant list	33.4.a Professional Development and Training formed workgroup to develop Family-Centered Out-of-Home Care Services advanced in-service training module.	P-Jun 04 A-Jun 04	
					focus group report	33.4.b Professional Development and Training workgroup conducted focus groups for feedback on Family-Centered Out-of-Home Care Services training needs.	P-Jul 04 A-Jul 04	
						33.4.c Professional Development and Training reviewed Family-Centered Out-of-Home Care Services focus group feedback.	P-Jul 04 A-Jul 04	

Program Improvement Implementation								
1			2	3	4	5	6	7
Outcome or Systemic Factors and Item(s) Contributing to Non-Conformity			Goal/Negotiated Measure/Percent of Improvement	Action Steps	Method of Measurement	Benchmarks Toward Achieving Goal	Dates of Achievement	
							Benchmark	Goal
	A	N/A						
					Curriculum developed and reviewed	33.4.d Professional Development and Training developed advanced in-service curriculum for Family-Centered Out-of-Home Care Services and reviewed by OSCA.	P-Oct 05 A-Oct 05	
						33.4.e CD administration approved advanced Family-Centered Out-of-Home Care Services in-service training module.	P-Nov 05 A-Feb 06	
					Training dates	33.4.f Professional Development and Training began training advanced Family-Centered Out-of-Home Care Services curriculum in one metro and one rural site.	P-Dec 05 A-Feb 06	
					Curriculum revision	33.4.g Professional Development and Training evaluated advanced Family-Centered Out-of-Home Care Services training module and made revisions.	P-Mar 06 A-	
						33.4.h Professional Development and Training implemented revised Family-Centered Out-of-Home Care Services advanced in-service training statewide.	P-May 06 A-	
				33.5 Enhanced On-The-Job (OJT) Training		<b>All benchmarks have been completed.</b>		
				33.6 Create training advisory Committee to annually assess needs and evaluate training  Jeff Adams	Core team members	33.6.a Created a core team consisting of social work specialists, supervisors, workers and trainer to enhance the provision of On-the-Job Training (OJT).	P-Jan 06 A-Jan 06	
					Core skills and competencies identified	33.6.b Identified core skills/competencies that CD will expect new staff to have after completing BASIC.	P-Apr 06 A-	
						33.6.c Supervisors used beginning skills/guide list with workers.	P-Apr 06 A-	
					Activities list	33.6.d Provided activities for staff to practice during OJT, after BASIC	P-Apr 06 A-	

Program Improvement Implementation								
1			2	3	4	5	6	7
Outcome or Systemic Factors and Item(s) Contributing to Non-Conformity			Goal/Negotiated Measure/Percent of Improvement	Action Steps	Method of Measurement	Benchmarks Toward Achieving Goal	Dates of Achievement	
							Benchmark	Goal
	A	N/A						
						33.6.e Supervisors commented on the skills/guide list.	P-Jun 06 A-	
						33.6.f Skills guide/list available for statewide use by supervisors.	P-Aug 06 A-	
					Advisory committee list	33.6.g Expanded core team to include external partners to develop a review process for the enhanced OJT.	P-Sep 06 A-	
						33.6.h Began review process to assess effectiveness.	P-Oct 06 A-	
				33.7 Develop Child Abuse and Neglect Training (CA/N) Institute for CD staff.		All benchmarks have been completed.		
				33.8 Provide training based on circuit specific needs.		All benchmarks have been completed.		
Item 34: Provision of training for caregivers and adoptive parents that parents addresses the necessary skills and knowledge	X							
Item 35: Service array		X						
				35.1 Increase access and availability to dental services.		All benchmarks have been completed.		
				35.2 Increase the ability of staff and families to access Alcohol and Drug Abuse Services.	Curriculum developed	35.2.a Professional Development and Training developed Family Drug and Safety Training based in focus group information	P-Jan 04 A-Jan 04	
				Jeff Adams	Training agenda and date	35.2.b Presented Drug training to focus group	P-Feb 04 A-Feb 04	

Program Improvement Implementation								
1			2	3	4	5	6	7
Outcome or Systemic Factors and Item(s) Contributing to Non-Conformity			Goal/Negotiated Measure/Percent of Improvement	Action Steps	Method of Measurement	Benchmarks Toward Achieving Goal	Dates of Achievement	
							Benchmark	Goal
	A	N/A						
					Field test training	35.2.c Field tested drug training in Southwest region	P-Jun 04 A-Jun 04	
					Training agenda	35.2.d Second field test conducted in Jefferson County	P-Nov 04 A-Nov 04	
					Curriculum revised	35.2.e Curriculum revised to reflect recommendations during field test, including target audiences and how many staff	P-Apr 05 A-Apr 05	
					Training dates and sites	35.2.f Completed three additional Family, Drugs and Safety trainings across the state.	P-June 06 A-	
				35.3 Increase availability of specialized foster homes for older youth, siblings, disabled and medically fragile children.  Cindy Wilkinson		35.3.a See P1.6.5.a		
						35.3.b See P1.6.5.b		
						35.3.c See P1.6.5.c		
						35.3.d See P1.6.5.d		
						35.3.e See P1.6.5.e		
				35.4 Increase availability of and access to parenting classes and family/parent aide services.  Bonnie Washeck	Circuit self-assessment	35.4.a Through circuit self-assessment, determined available parenting classes and family/parent aide services	P-Mar 05 A-Aug 04	
					CTS contracts	35.4.b Developed performance based CTS contracts for family/parent aide and parenting class service	P-Feb 06 A-	
				35.5 Increase services to meet the needs of non-English speaking consumers. Kathryn Sapp	Circuit self-assessments	35.5.a Through circuit self-assessment, determined available interpretive services for non-English speaking clients	P-Mar 05 A-Aug 04	
					Recruitment plans	35.5.b Developed recruitment plan for multi/bilingual staff in circuits with identified need	P-May 05 A-Jul 05	

Program Improvement Implementation								
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Outcome or Systemic Factors and Item(s) Contributing to Non-Conformity			Goal/Negotiated Measure/Percent of Improvement	Action Steps	Method of Measurement	Benchmarks Toward Achieving Goal	Dates of Achievement	
							Benchmark	Goal
	A	N/A						
					Forms translated	35.5.c Made CD forms available in other languages (Spanish to accommodate growing Hispanic population)	P-Dec 05 A-Dec 05	
				35.6 Increase availability of transportation services.  Bonnie Washeck	Circuit self-assessment	35.6.a Available transportation services determined through circuit self-assessment.	P-Mar 05 A-Aug 04	
						35.6.b Recruited regional service organizations to provide transportation services.	P-May 05 A- Jul 05	
					CTS contracts	35.6.c Issued state-wide transportation contracts.	P-Mar 06 A-Feb 06	
Item 36: The services in item 35 are accessible to families and children in all political jurisdictions covered in the State's CFSP.		X						
				See Item 35, 1-6				
Item 37: The services in item 35 can be individualized to meet the unique needs of children and families served by the agency.		X						
				37.1 Increase access to existing services		See Item 35 1-6		
				37.2 Strengthen worker/supervisor skills		37.2.a See S2.3.2.a 37.2.b See S2.3.2.b		

Program Improvement Implementation								
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Outcome or Systemic Factors and Item(s) Contributing to Non-Conformity			Goal/Negotiated Measure/Percent of Improvement	Action Steps	Method of Measurement	Benchmarks Toward Achieving Goal	Dates of Achievement	
							Benchmark	Goal
	A	N/A						
				in engaging families in the assessment, case planning and case plan review process to increase parent, caregiver (alternative care provider) and child involvement in case assessment, plan development and reassessment.  Kathryn Sapp		37.2.c See S2.3.2.c 37.2.d See S2.3.2.d 37.2.e See S2.3.2.e 37.2.f See S2.3.2.f		
Item 38: Engages in ongoing consultation with critical stakeholders in developing the CFSP	X							
Item 39: Develops annual progress reports in consultation with stakeholders	X							
Item 40: Coordinates services with other federal programs	X							
Item 41: Standards for foster family and child care institutions	X							
Item 42: Standards are applied equally to all foster family and child care institutions	X							
Item 43: Conducts	X							

Program Improvement Implementation								
1			2	3	4	5	6	7
Outcome or Systemic Factors and Item(s) Contributing to Non-Conformity			Goal/Negotiated Measure/Percent of Improvement	Action Steps	Method of Measurement	Benchmarks Toward Achieving Goal	Dates of Achievement	
							Benchmark	Goal
	A	N/A						
necessary criminal background checks.								
Item 44: Diligent recruitment of foster and adoptive families that reflect children's racial and ethnic diversity.		X						
				44.1 Increase the number of resource families.  Cindy Wilkinson		44.1.a See P1.6.5.a		
						44.1.b See P1.6.5.b		
						44.1.c See P1.6.5.c		
						44.1.d See P1.6.5.d		
						44.1.e See P1.6.5.e		
						44.1.f See P 2.12.3.a		
						44.1.g See P 2.12.3.b		
						44.1.h See P 2.12.3.c		
						44.1.i See P 2.12.3.d		
						44.1.j See P 2.12.3.e		
Item 45: Uses cross-jurisdictional resources to find placements	X							



S1.2.2 Implementation of “Confirming Safe Environments” (CSE) process.  Susan Savage	Training agenda	S1.2.2.a All staff trained in CSE process in test sites of Pettis, Cooper, and Greene.	P-Jul 04 A-Jul 04
	Training agenda	S1.2.2.b Trained one Out-of-Home Unit on CSE in St. Louis City.	P-Jul 04 A-Jul 04
		S1.2.2.c In-house expertise developed for training	P-Dec 04 A-Dec 04
	Evaluation report	S1.2.2.d Central Office staff summarized test site implementation in Pettis, Cooper and Greene for Child Protection	P-Mar 05 A-Mar 05
	Review of CSE curriculum	S1.2.2.e Strengths in summary and CSE curriculum identified by Visitation Workgroup.	P-Aug 05 A-Aug 05
	Recommendations	S1.2.2.f Visitation Workgroup presented recommendations on enhancing visitation and safety policies throughout the continuum of services to Executive staff.	P-Nov 05 A-Nov 05
		S1.2.2.g Executive staff met to approve recommendations.	P-Jan 06 A-Jan 06
		S1.2.2.h Central Office staff met to begin addressing policy assignments.	P-Feb 06 A-Feb 06
		S1.2.2.i Developed safety policy regarding assessment of safety at and throughout placement	P-Apr 06 A-Apr 06
		S1.2.2.j Staff Training and Development met to discuss incorporating Visitation Workgroup recommendations into training for staff and foster parents	P-Apr 06 A-Apr 06
	Policy disseminated to staff	S1.2.2.k Policy memo disseminated to staff.	P-May 06 A-May 06
		S1.2.2.l Training began on policy enhancements to new and existing staff	P-Jul 06 A-
S1.2.3 Strengthen policy regarding assessment of safety at and throughout placement.  Cindy Wilkinson	Convened Visitation workgroup	S1.2.3.a Visitation Workgroup convened to review current visitation and safety policy.	P-May 05 A-May 05
	Workgroup Recommendations	S1.2.2.f Visitation Workgroup presented recommendations on enhancing visitation and safety policies throughout the continuum of services to Executive staff.	P-Nov 05 A-Nov 05
	Draft policy	S1.2.3.c Developed safety policy regarding assessment of safety at and throughout placement.	P-Apr 06 A-Apr 06
		S1.2.3.d Staff Training and Development met to discuss incorporating Visitation Workgroup recommendations into training for staff and foster parents.	P-Apr 06 A-Apr 06
	Policy disseminated	S1.2.3.e Policy disseminated.	P- May 06 A-
		S1.2.3.f Training began on policy enhancements to new and existing staff	P-Jul 06 A-

P1.6.3 Expand use of family support team meetings to promote stability in alternative care placements  Kathryn Sapp Cindy Wilkinson		While these benchmarks were previously met, the Visitation and Safety policy enhancements stress the use of FSTs to promote placement stability.	
P1.7.2 Improve quality of Family Support Teams (FSTs) to ensure permanency goal is reviewed and established  Kathryn Sapp Cindy Wilkinson		The benchmarks have been completed. All three of the visitation and safety memo addresses FST involvement to review permanency.	
P1.8.1 Address permanency and services needs of children in Legal Status 2, 3, and 4  Bonnie Washeck	Data reports	P1.8.1.a Prepared data on legal status 2, 3, and 4 children.	P-Dec 04 A-Feb 05
	Workgroup member list	P1.8.1.b Developed workgroup to examine legal status 2, 3, and 4 children (include in workgroup OSCA, CD, and metro sites).	P-Feb 05  A-Apr 05
	Case review results report	P1.8.1.c Conducted special case reviews on legal status 2, 3, and 4 cases.	P-Apr 05 A-May 05
	Summary of meeting decisions	P1.8.1.d CD met with DLS and OSCA to determine legal obligations related to legal status 2, 3, and 4 children.	P-Apr 05  A-Aug 05
		P1.8.1.e Revise AFCARS population if necessary.	P-Apr 05 A-Jul 05
	Protocol developed	P1.8.1.f Developed policy and protocol on worker duties related to legal status 2, 3, and 4 cases.	P-July 05 R-Apr 06 A-May 06
	Comparison data	P1.8.1.g Caseload analysis (comparison to LS1) completed Legal status 2, 3, and 4.	P-Sept 05 A-Oct 05
	PRR	P1.8.1.h Incorporated Legal status 2, 3, and 4 cases into established Peer Record Review process.	P-Oct 05  A-Oct 05
P1.8.4 Improve quality of Family Support Teams to assure the review of permanency goal.  Kathryn Sapp Cindy Wilkinson		See P1.7.2	
P2.12.1 Increase the number of siblings placed together  Kathryn Sapp	Policy developed	P2.12.1.a Policy developed for FST to be required prior to separating siblings at any time during placement episode.	P-Aug 04  A-Aug 04
	Policy enhancement	P2.12.1.b Enhanced policy addressing the continual need for maintaining sibling relationship.	P-Aug 04  A-Aug 04

	PRR results & Improvement plans	P2.12.1.c Circuit Managers monitored quarterly PRR results and improvement plans developed.	P-Feb 05 Ongoing Quarterly A-Ongoing
	Recommendations from workgroup	P2.12.1.d Visitation Workgroup presented recommendations on preserving sibling ties.	P-Nov 05 A-Nov 05
	Draft policy	P2.12.1.e Developed policy requiring a FST prior to separating siblings.	P-Apr 06 A-Apr 06
	Policy disseminated	P2.12.1.f Policy disseminated to staff on FST	P-May 06 A-
	Supervisory sibling case review	P2.12.1.g Developed supervisory sibling case review process to review cases after siblings are separated after 30 days.	P-May 06 A-
P2.13.1 Increase frequency and quality of parent/child and sibling visits.  Cindy Wilkinson	Recommendations from workgroup	P2.13.1.a Visitation Workgroup presented recommendations on preserving sibling ties.	P-Nov 05 A-Nov 05
	Policy revision	P2.13.1.b Revised policy to improve qualitative and quantitative visitation plan requirements.	P-Apr 06 A-
		P2.13.1.c Incorporated policy revision into BASIC training and supervisory oversight provided to existing staff.	P-Jul 06 A-
	PRR	P2.13.1.d Incorporated revisions into PRR tool.	R-Jul 06 A-
	Quarterly data reports	P2.13.1.e Circuit Managers monitor data regarding frequency of parent/child/sibling visits.	P-Oct 06 A-
	Practice improvement plans developed	P2.13.1.f Circuit Managers assisted by the PET teams developed practice improvement plans using all available data for guidance.	P-Oct 06 A-
WB1.19.1 Develop policy addressing the quality of visits to incorporate case planning, service delivery and goal attainment.  Bonnie Washeck	Team appointments	WB1.19.1a Appointed visitation policy and practice team.	P-Jan 05 A-Feb 05
	Convene meeting	WB1.19.1.b Convened first policy and practice team meeting.	P-Feb 05 A-May 05
	Workgroup recommendations	WB1.19.1c Visitation Workgroup presented recommendations on how visitation is critical in timely reunification to executive staff.	P-Nov 05 A-Nov 05
	Recommendations reviewed	WB1.19.1.d Recommendation reviewed by executive staff.	P-Jan 06 A-Jan 06
	Policy draft	WB1.19.1.e Policy drafted.	P-Apr 06 A-Apr 06
	Policy disseminated	WB1.19.1.f Policy disseminated to staff	P- May 06 A-
		WB1.19.1.g Training began on policy enhancements staff and foster parents.	P-Jul 06 A-
		WB1.19.1.h Utilize Practice Enhancement Teams (PET) to support protocols.	P-Jul 06 A-
WB1.20.1 Strengthen worker relationships with biological or adoptive parents.  Bonnie Washeck	Protocols established	WB1.20.1.a Protocols established in WB1.19.1. included in adoptive parent training	P-May 06 A-
	Revise PRR	WB1.20.1.b Revised PRR to reflect collateral contacts required per family risk assessment/reassessment	P-Jun 05 A-Jun 05
		WB1.20.1.c-h See S2.3.2.a-f. Completed	

**Children's Bureau  
Child and Family Services Reviews  
IV. Program Improvement Plan Matrix (PIP Matrix)**

State: Missouri

ACF Regional Office:

State contact and telephone: Lee Temmen, 573-526-3735         Region I         Region IV    X Region VII         Region X

ACF Contact and telephone: Ann Burds, 816 426-2260         Region II         Region V         Region VIII

Date and quarter submitted: May 26, 2006 – 5<sup>th</sup> Quarter         Region III         Region VI         Region IX

Blue = under renegotiation

Gray = completed

A = Achieved

N/A = Not Achieved

**\*Performance derived using the average of pervious four quarters performance**

Program Improvement Implementation								
1			2	3	4	5	6	7
Outcome or Systemic Factors and Item(s) Contributing to Non-Conformity			Goal/Negotiated Measure/Percent of Improvement	Action Steps	Method of Measurement	Benchmarks Toward Achieving Goal	Dates of Achievement	
							Benchmark	Goal
	A	N/A						
<b>Safety Outcome S1:</b>								
<b>Item 1:</b> Timeliness of initiating investigations of reports of child maltreatment		X	Baseline 76.6% (derived from average of 8 quarters in FY 2003 and 2004)  <b>The Goal of achieving 80.4% has been met.</b>  Goal 80.4% (Goal established is calculated by taking the average of 8 quarters performance in 2003 and 2004 and adding 5% of the average to measure improvement.		Monitored through CD Outcomes Report Outcome #1: Improve timeliness of initial child contact.			Projected-Dec 2006  Actual-

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1			2	3	4	5	6	7
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							Benchmark	Goal
	A	N/A						
			Progress to be tracked quarterly over two year period from CD Outcomes Report).					
			S1.1.1 Clarify policy regarding timeliness of initiating reports of child maltreatment.  Kathryn Sapp			S1.1.1.a Refined definition of “initiating” reports.	P-Mar 05 A-Mar 05	
						S1.1.1.b Policy clarified regarding multi disciplinary team contact.	P- Mar 05 A-Mar 05	
						S1.1.1.c Policy clarified regarding face-to-face contact and determining safety of the child.	P-Mar 05 A-Mar 05	
				Policy issuance		S1.1.1.d Policy disseminated to all CD staff.	P-Mar 05 A-May 05	
			S1.1.2 Increase accuracy of data regarding initial contact.  Kathryn Sapp Susan Savage			S1.1.2.a Data system entry guidelines clarified for “initial contact”.	P-Aug 05 A-Aug 05	
						S1.1.2.b As determined, if needed by policy clarification, additional systems entry codes developed to capture accurate data.	P-Feb 06 A-Jan 06	
				PRR revised		S1.1.2.c Revised Peer Record review questions to assess accuracy of coding.	P-Sept 05 A-Oct 05	
				Quarterly PRR results		S1.1.2.d Circuit Managers and the assisting QA specialists monitor quarterly Peer Record results and make recommendations for improvements.	P-Ongoing quarterly A-Ongoing quarterly	
			S1.1.3 Study feasibility for alternative protocols for managing non CA/N referrals  Virginia Lewis-Brunk	Demographic data		S1.1.3.a CD/FSD assessed demographics for non CA/N referrals.	P-Apr 04 A-Apr 04	
				Protocol written		S1.1.3.b Protocol written for screening and assigning non CA/N referrals for test sites in Jackson, Clay and Platte Counties.	P-May 04 A-May 04	
				Training agenda		S1.1.3.c Training provided to CD/FSD workers and supervisors regarding new protocol for testing.	P-May 04 A-May 04	

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							Benchmark	Goal
	A	N/A						
						S1.1.3.d Launched a non CA/N referral alternate response process in Jackson, Clay and Platte Counties.	P-Jul 04 A-Jul 04	
					Pilot data	S1.1.3.e Convened workgroup to evaluate CD/FSD pilot for non CA/N referrals.	P-Jan 05 A-Jan 05	
					Recommendations report	S1.1.3.f Workgroup to provide recommendations for modifications of non CA/N referral protocol and test site continuation.	P-Apr 05 A-Apr 05	
					Recommendation Plan	S1.1.3.g Recommendation plans finalized.	P-Apr 05 A-Apr 05	
					Implementation plan	S1.1.3.h Implementation plans finalized to implement in target areas	P-Aug 05 A-Apr 05	
				S1.1.4 Develop improvement plan to respond timely to reports of maltreatment  Kathryn Sapp	Circuit self-assessments	S1.1.4.a Circuit level assessment to evaluate CA/N response completed.	P-Oct 04 A-Aug 04	
					Established protocol	S1.1.4.b Local protocol for CA/N response established.	P-Mar 05 A-Mar 05	
					Implemented protocol	S1.1.4.c Implemented local protocol for improvement of maltreatment.	P-Apr 05 A-Apr 05	
						S1.1.4.d Monitored the improved timeliness of initial child contact.	P-Jul 05 A-Jul 05	
				S1.1.5 Call Management and Structured Decision Making (SDM) Protocols Implemented at the Child Abuse and Neglect Hotline Unit (CA/N HU) to provide consistent screening and classification of calls received.  Charlotte Gooch	Protocols developed	S1.1.5.a Began development of SDM and Call Management protocols for CA/N HU.	P-Dec 03 A- Dec 03	
						S1.1.5.b Incorporated SDM and Call management protocols into CA/N HU process.	P-Apr 04 A-Apr 04	
					Training agenda	S1.1.5.c Remaining CA/N HU staff trained on protocols and using call management system.	P-Aug 04 A-Aug 04	
					CA/N HU Supervisory Review Tool developed	S1.1.5.d CA/N HU Supervisory Review tool developed to assess quality.	P-Sept 05 A-Sept 05	
						S1.1.5.e CA/N Hotline protocols automated.	P-Sept 05 A-Jun 05	

Program Improvement Implementation								
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	A	N/A						
					PRR revision	S1.1.5.f Added CA/N HU section to the Peer Record Review tool.	P-Sept 05 A-Oct 05	
					PRR tool analysis. On going data collected and reviewed quarterly.	S1.1.5.g Collected and analyzed PRR tool results for practice enhancements. Analysis.	P-Jan 2006 Ongoing Quarterly A- Jan 06 Quarterly	
				S1.1.6 Revised policy relating to non CA/N referrals (M,P,N) given the division's need to better address its core functions and statutory mandates, with existing available resources.  Kathryn Sapp		S1.1.6.a Defined what statutory core functions are.	P-Dec 05 A-Dec 05	
					Draft plan	S1.1.6.b Developed proposed plan for information dissemination on practice changes regarding non CA/N calls.	P- Dec 05 A-Dec 05	
					Consult with NRC-CPS	S1.1.6.c Consulted with National Resource Center on Child Protective Services regarding non CA/N referrals.	P-Feb 06 A-Nov 05	
						S1.1.6.d Shared proposed plan with Regional Directors.	P-Apr 06 A-Apr 06	
					Modified plan	S1.1.6.e Modified proposed plan, if needed, based on recommendations of the Regional Director	P-May 06 A-	
						S1.1.6.f Shared proposed plan with CJA taskforce.	P-Jun 06 A-	
					CJA recommendations	S1.1.6.g Shared CJA taskforce recommendations with CD administration.	P-Jul 06 A-	
					Policy developed	S1.1.6.h Policy changed for CANHU on the screening process for non CA/N calls, if needed.	P-Aug 06 A-	
					Training agenda	S1.1.6.i If needed, training provided to CANHU staff on modified protocol changes.	P-Sep 06 A-	
					Notification letter	S1.1.6.j Notified known mandated reporters and other professional organizations on practice changes.	P- Oct 06 A-	
					Disseminate policy	S1.1.6.k Disseminate policy changes to all staff.	P-Nov 06 A-	

Program Improvement Implementation								
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							Benchmark	Goal
	A	N/A						
<b>Item 2: Repeat maltreatment</b>  <b>Recurrence of Maltreatment:</b>  Of all children who were victims of a substantiated or indicated maltreatment report in the first six months of the fiscal year, what percent were victims of another substantiated or indicated report within a 6 month period		X	CA/N Recidivism Nat'l Standard 6.1 % or less MO FFY 2003 NCANDS Baseline 8.3%  NCANDS Goal 7.4% (Based on Federal formula for goal setting  5th quarter average performance= 4.8% based on quarterly Outcome Report not NCANDS. NCANDS data not available quarterly.					P-Dec 2006
								A-
				S1.2.1 Ensure consistent and accurate completion of SDM safety and risk assessment.  Kathryn Sapp Cindy Wilkinson	PRR revision	S1.2.1.a Incorporated SDM safety and risk assessment questions into Peer Record Review Tool.	P-Jan 04	
					Training curriculum	S1.2.1.b Modified BASIC training curriculum and ongoing training curriculum based on PRR results.	A-Feb 04	
					Training agenda	S1.2.1.c Conducted initial in-service training with CD and court staff.	P-Feb 04 A-Mar 04	
					Evaluation Report	S1.2.1.d Evaluated SDM Peer Record Review Outcomes.	P-Jun 04 A-Jun 04	
					In-service training agenda	S1.2.1.e Convene workgroup to finalize SDM review tool and instruction to field.	P & A-On-going & quarterly P-Feb 05 A-Dec 04	
						S1.2.1.f Instruct field staff to review 10% of cases using SDM review tool.	P-Apr 05 A-Apr 05	



Program Improvement Implementation								
1			2	3	4	5	6	7
Outcome or Systemic Factors and Item(s) Contributing to Non-Conformity			Goal/Negotiated Measure/Percent of Improvement	Action Steps	Method of Measurement	Benchmarks Toward Achieving Goal	Dates of Achievement	
							Benchmark	Goal
	A	N/A						
						S1.2.1.g Evaluate results of review, identify circuits whose needs are more imminent for the training.	P-Jul 05 A-Jul 05	
						S1.2.1.h As needed, provided training to circuits identified with imminent need.	P-Sep 05 ongoing A-Sep 05	
<b>Incidence of Child Abuse and/or Neglect in Foster Care:</b>  Of all children who were in foster care during the reporting period of the fiscal year, what percent experienced maltreatment from foster parents or facility staff members?			CA/N in AC Nat'l Standard 0.57% or less  MO FFY 2003 NCANDS Baseline 0.37%  <b>Goal Achieved</b>					P-Dec 2006  A-
				S1.2.2 Implementation of "Confirming Safe Environments" (CSE) process.  Susan Savage	Training agenda	S1.2.2.a All staff trained in CSE process in test sites of Pettis, Cooper, and Greene.	P-Jul 04 A-Jul 04	
					Training agenda	S1.2.2.b Trained one Out-of-Home Unit on CSE in St. Louis City.	P-Jul 04 A-Jul 04	
						S1.2.2.c In-house expertise developed for training	P-Dec 04 A-Dec 04	
					Evaluation report	S1.2.2.d Central Office staff summarized test site implementation in Pettis, Cooper and Greene for Child Protection	P-Mar 05 A-Mar 05	
					Review of CSE curriculum	S1.2.2.e Strengths in summary and CSE curriculum identified by Visitation Workgroup.	P-Aug 05 A-Aug 05	

Program Improvement Implementation								
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Outcome or Systemic Factors and Item(s) Contributing to Non-Conformity			Goal/Negotiated Measure/Percent of Improvement	Action Steps	Method of Measurement	Benchmarks Toward Achieving Goal	Dates of Achievement	
							Benchmark	Goal
	A	N/A						
					Workgroup recommendations report	S1.2.2.f. Visitation Workgroup presented recommendations on enhancing visitation and safety policies throughout the continuum of services to Executive staff.	P-Nov 05 A-Nov 05	
						S1.2.2.g. Executive staff met to approve recommendations.	P-Jan 06 A-Jan 06	
						S.1.2.2.h. Central Office staff met to begin addressing policy assignments.	P-Feb 06 A-Feb 06	
						S1.2.2.i Developed safety policy regarding assessment of safety at and throughout placement.	P-Apr 06 A-Apr 06	
					Meeting notes	S1.2.2.j Staff Training and Development met to discuss incorporating Visitation Workgroup recommendations into training for staff and foster parents	P-Apr 06 A-Apr 06	
					Policy memo	S1.2.2.k Policy memo disseminated to staff.	P-May 06 A-	
					Training plan	S1.2.2.l Training began on policy enhancements to new and existing staff.	P-Jul 06 A-	
				S1.2.3 Strengthen policy regarding assessment of safety at and throughout placement.  Cindy Wilkinson	Convened Visitation workgroup	S1.2.3.a Visitation Workgroup convened to review current visitation and safety policy.	P-May 05 A-May 05	
					Workgroup Recommendations	S1.2.3.b Visitation Workgroup presented recommendations on enhancing visitation and safety policies throughout the continuum of services to Executive staff.	P-Nov 05 A-Nov 05	
					Draft policy	S1.2.3.c Developed safety policy regarding assessment of safety at and throughout placement.	P-Apr 06 A-Apr 06	

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Outcome or Systemic Factors and Item(s) Contributing to Non-Conformity			Goal/Negotiated Measure/Percent of Improvement	Action Steps	Method of Measurement	Benchmarks Toward Achieving Goal	Dates of Achievement	
							Benchmark	Goal
	A	N/A						
						S1.2.3.d Staff Training and Development met to discuss incorporating Visitation Workgroup recommendations into training for staff and foster parents.	P-Apr 06 A-Apr 06	
					Policy disseminated	S1.2.3.e Policy disseminated.	P- May 06 A-	
						S1.2.3.f Training began on policy enhancements to new and existing staff	P-Jul 06 A-	
				S1.2.4 Practice Enhancement Teams (PET) assist Circuit Managers in development of improvement strategies to reduce repeat maltreatment and CA/N in foster care.  Bonnie Washeck		S1.2.4.a Developed PET roles and responsibilities.	P-Feb 05 A-Feb 05	
					Organizational Chart	S1.2.4.b PET teams developed.	P-Mar 05 A-Mar 05	
					Current data on repeat maltreatment	S1.2.4.c Convened PET teams to review Circuit Self-Assessments in the areas of repeat maltreatment and CA/N in foster care.	P-Apr 05 A-Apr 05	
					List of strategies –	S1.2.4.d PET teams and Circuit Managers developed improvement strategies.	P-May 05 A-Jul 05	
					Program improvement plans developed	S1.2.4.e Program improvement plans implemented by Circuit Managers and staff.	P-Aug 05 A-Aug 05	
				S1.2.5. Strengthen policy and practice relating to chronic neglect and accumulation of harm.  Kathryn Sapp	Analysis report	S1.2.5.a Statewide analysis of families with multiple reports completed by CD and Institute of Applied Research (IAR).	P-June 04 A-Feb 04	
					Waiver application	S1.2.5.b Submit revised Title IV-E waiver application for Chronic Neglect pilot.	P-Jan 05 A-May 05	
					Training curriculum	S1.2.5.c Training Curriculum for pilot sites developed regardless of waiver outcome.	P-July 05 A-Jun 05	

Program Improvement Implementation								
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Outcome or Systemic Factors and Item(s) Contributing to Non-Conformity			Goal/Negotiated Measure/Percent of Improvement	Action Steps	Method of Measurement	Benchmarks Toward Achieving Goal	Dates of Achievement	
							Benchmark	Goal
	A	N/A						
						S1.2.5.d Three pilot sites selected (Jasper, McDonald and Newton counties) based on negotiations with Federal partners.	P-July 05 A-Jun 05	
					Training agenda	S1.2.5.e Pilot sites trained by FCS consultants.	P-Jul 05 A-Jun 05	
					IAR Screening Tool	S1.2.5.f Used IAR's screening tool to determine if families meet the CN criteria.	P-Nov 05 A-Oct 05	
					Tracking tool	S1.2.5.g Developed a tool for manual tracking of CN families to be utilized throughout pilot	P-Feb 06 R-May 06 A-	
						S1.2.5.h Met with Regional and Circuit administrators to strategize about next steps and community forum.	P-Jun 06 A-	
						S1.2.5.i Held community forum to gain support from stakeholder.	P-Jul 06 A-	
						S1.2.5.j Initiated pilot.	P-Aug 06 A-	
					Evaluation report	S1.2.5.k CD staff evaluated short term output of pilot effectiveness.	P-Jan 07 A-	
				S1.2.6 Develop performance-based contract for foster parents Bonnie Washeck	Licensing rules	S1.2.6.a Incorporated HB 1453 legislation regarding the Professional Family Development Plan (PFDP) into Licensing rules.	P-May 05 A-May 05	
						S1.2.6.b Identified the performance based criteria required for the PFDP.	P-Aug 05 A-Oct 05	
						S1.2.6.c Informed foster parents of PFDP criteria at assessment and reassessment	P-Aug 05 ongoing A-Oct 05	
					Memo	S1.2.6.d Identify plan to inform CD staff of new requirements for foster parents.	P-Nov 05 A-Apr 06	

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Outcome or Systemic Factors and Item(s) Contributing to Non-Conformity			Goal/Negotiated Measure/Percent of Improvement	Action Steps	Method of Measurement	Benchmarks Toward Achieving Goal	Dates of Achievement	
							Benchmark	Goal
	A	N/A						
					Training agenda	S1.2.6.e Trained CD staff on PFDP and how to assist family in developing and implementing the plan.	P-Feb 06 A-Mar 06	
						S1.2.6.f Identified resources for foster families to use to successfully implement PFDP.	P-Mar 06 A-Mar 06	
						S1.2.6.g Initiated PFDP for all new and reassessed foster parents.	P-May 06 A-	
<b>Safety Outcome S2:</b>								
<b>Item 3:</b> Services to family to protect child(ren) in home and prevent removal		X	Baseline 89.4%  5th quarter average PRR performance = 88.5 %  Goal 90.3% (Goal established is calculated by taking the average of 8 quarters performance in 2003 and 2004 and adding 1% of the average to measure improvement.)		Peer Record Review (PRR) IV-13. Services being provided to the family are adequate to meet their needs as identified in the assessment.  (Previous measure used was IV-15).			P-Dec 2006  A-
				S2.3.1 Improve family assessment and case plan tools to better link service provision to the needs of the family identified in the initial and ongoing assessments; include a mechanism for family self-assessment and	Draft of CD-14	S2.3.1.a CD-14 family assessment tool field test initiated in Circuit 2.	P-Sep 04 A-Sep 04	
						S2.3.1.b CD-14 family assessment tool field test expanded to other sites.	P-May 05 A-Feb 05	
					Evaluation report	S2.3.1.c Results of field test evaluated and analyzed by staff and work group.	P-Jun 05 A-Mar 05	
					Revised CD-14	S2.3.1.d Revised CD-14 as needed.	P-Jul 05 A-Apr 05	
						S2.3.1.e Recommendations regarding changes made.	P & A On-going	

Program Improvement Implementation								
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Outcome or Systemic Factors and Item(s) Contributing to Non-Conformity			Goal/Negotiated Measure/Percent of Improvement	Action Steps	Method of Measurement	Benchmarks Toward Achieving Goal	Dates of Achievement	
							Benchmark	Goal
	A	N/A						
				identified areas <b>specifically</b> related to child safety and risk concerns (to be completed concurrently with S2.3.2)  Kathryn Sapp	Policy issuance	S2.3.1.f Policy issued with new documents and instructions.	P-Oct 05 R-Jan 06 A-Dec 05	
					Training	S2.3.1.g Training of existing staff completed.	P-Jan 06 A-Feb 06	
						S2.3.1.h Incorporated changes into BASIC training.	P-Jan 06 A-Feb 06	
				S2.3.2 Strengthen worker/supervisor skills in engaging families in the assessment, case planning and case plan review process to increase parent, caregiver (alternative care provider) and child involvement in case assessment, plan development and reassessment.  Bonnie Washeck		S2.3.2.a Conducted focus groups (workers, supervisors, circuit managers and consumers) in four circuits (circuits 1, 2, 10, 41) to identify clinical support needs.	P-Aug 04  A-Aug 04	
					Supplemental Supervisory Training	S2.3.2.b Focus group results compiled and used for supplemental supervisory training.	P-Oct 04 A-Oct 04	
					Training curriculum developed and began	S2.3.2.c Training curriculum developed and supplemental FST training began.	P-Feb 05 A-Feb 05	
						S2.3.2.d Up to twenty sessions of Supplemental Supervisory training for all Supervisor I's began.	P-Feb 05 A-Mar 05	
					Training agenda and summary of feedback	S2.3.2.e Training provided for existing staff and feedback solicited from trainees on training.	P-Oct 05 A-Oct 05	
					Survey results and circuit improvement plans	S2.3.2.f PET teams annually analyzed family satisfaction survey data and PDR results for improvement with the expectation that circuits develop methods to improve.	P-Nov 05 annually R-Apr 06 A-Apr 06	
						S2.3.2.g Training curriculum developed and supplemental FST training began.	P-Feb 05 A-Feb 05	
				S2.3.3 Improve supervisory capacity to monitor enhanced practice relating to case planning.		S2.3.3.a Reviewed existing supervisory case review tools.	P-May 05 A-May 05	
					Draft of tool	S2.3.3.b Created draft standardized supervisory case review tool.	P-June 05 A-Sep 05	

Program Improvement Implementation								
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							Benchmark	Goal
	A	N/A						
				Susan Savage		S2.3.3.c Supervisory case review tool field tested by selected supervisors.	P-Sept 05 A-Sep 05	
					Feedback summary	S2.3.3.d Feedback from field testing reviewed by review team.	P-Jan 06 A-Dec 05	
					Tool revision	S2.3.3.e Supervisory case review tool revised as needed.	P-Jan 06 A-Jan 06	
					Protocol established and manual revision	S2.3.3.f Protocol for supervisory case review established and manual revisions made.	P-Jan 06 A-Jan 06	
						S2.3.3.g System automation completed for supervisory case review tool.	P-Feb 06 R-Jul 06 A-	
					Policy disseminated and implemented	S2.3.3.h Supervisory case review tool and protocols approved and distributed for statewide use.	P-Feb 06 R-Jul 06 A-	
				S2.3.4 Establish procedures to access various service funding streams. Bonnie Washeck		S2.3.4.a Developed service access funding grid and guidelines.	P-Aug 05 A-Aug 05	
					Guidelines distributed	S2.3.4.b Distributed service access funding grid and guidelines to all staff.	P-Sept 05 A-Feb 06	
				S2.3.5. Per new legislation, develop state comprehensive children's mental health plan to increase level of cooperation between court, mental health, child welfare and families.		S2.3.5.a Barriers identified for children needing mental health services.	P-Jan 05 A-Jan 05	
						S2.3.5.b Funding mechanisms established for providing mental health services.	P-Jan 05 A-Jan 05	
					Coordination plan	S2.3.5.c Plan developed for coordination of resources from multiple agencies.	P-Jan 05 A-Jan 05	
						S2.3.5.d Evaluation methodology established.	P-Jan 05 A-Jan 05	
				Jim Harrison	Report submission	S2.3.5.e Report with recommendations submitted to legislators and governor.	P-Jan 05 A-Jan 05	

Program Improvement Implementation								
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Outcome or Systemic Factors and Item(s) Contributing to Non-Conformity			Goal/Negotiated Measure/Percent of Improvement	Action Steps	Method of Measurement	Benchmarks Toward Achieving Goal	Dates of Achievement	
							Benchmark	Goal
	A	N/A						
Item 4: Risk of harm to child(ren)		X			PRR IV-13 was removed as a measure for this item per 4 <sup>th</sup> quarter renegotiation.			P-Dec 2006 A-
				S2.4.1 Ensure consistent and accurate completion of SDM safety and risk assessment.  Cindy Wilkinson	SDM Review Tool	S2.4.1.a See S1.2.1.a S2.4.1.b See S1.2.1.b S2.4.1.c See S1.2.1.c S2.4.1.d See S1.2.1.d S2.4.1.e See S1.2.1.e S2.4.1.f See S1.2.1.f S2.4.1.g See S1.2.1.g S2.4.1.h See S1.2.1.h		
				S2.4.2 Implementation of “Confirming Safe Environments” process.  Susan Savage		S2.4.2.a See S1.2.2.a S2.4.2.b See S1.2.2.b S2.4.2.c See S1.2.2.c S2.4.2.d See S1.2.2.d S2.4.2.e See S1.2.2.e S2.4.2.f See S1.2.2.f S2.4.2.g See S1.2.2.g S2.4.2.h See S1.2.2.h S2.4.2.i See S1.2.2.i S2.4.2.j See S1.2.2.j S2.4.2.k See S1.2.2.k S.2.4.2.l See S1.2.2.l		
				S2.4.3 Implement enhanced background screening for foster/kinship and court ordered providers.	Policy disseminated	S2.4.3.a Policy for enhanced background screening implemented statewide.	P-Aug 04 A-Aug 04	
						S2.4.3.b Policy updates and supervisory consultations with existing staff.	P-Aug 04 A-Aug 04	



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	A	N/A						
				Cindy Wilkinson		S2.4.3.c Incorporated enhanced background screening into on-going STARS and BASIC training.	P-Nov 04 A-Nov 04	
				S2.4.4 Development of "Culture of Care Initiative" for improving safety and nurturance of children in a residential care setting.  Fred Proebsting	Committee member list	S2.4.4.a Work committees formed with volunteers from residential sites to develop curriculum.	P-Jan 04 A-Jan 04	
					Curriculum	S2.4.4.b Curriculum Drafted.	P-Mar 04 A-Mar 04	
						S2.4.4.c Curriculum approved by CD administration.	P-May 04 A-May 04	
						S2.4.4.d Roundtables held with CEO's to discuss curriculum.	P-Jul 04 A-Jul 04	
					Training agenda	S2.4.4.e NRC Train-the-Trainers session held/2 days in KC and St. Louis for residential licensed providers.	P-Aug 04 A-Aug 04	
						S2.4.4.f Measured through a reduction of the number of preponderance of evidence reports received by the residential treatment facilities.	P-Ongoing A-Ongoing	
				S2.4.5 Improve family assessment and case plan tools to better link service provision to the needs of the family identified in the initial and ongoing assessments; include a mechanism for family self-assessment and identified areas <b>specifically</b> related to child safety and risk concerns.  Kathryn Sapp		S2.4.5.a See S2.3.1.a		
						S2.4.5.b See S2.3.1.b		
						S2.4.5.c See S2.3.1.c		
						S2.4.5.d See S2.3.1.d		
						S2.4.5.e See S2.3.1.e		
						S2.4.5.f See S2.3.1.f		
						S2.4.5.g See S2.3.1.g		
						S2.4.5.h See S2.3.1.h		
Permanency								

Program Improvement Implementation								
1			2	3	4	5	6	7
Outcome or Systemic Factors and Item(s) Contributing to Non-Conformity			Goal/Negotiated Measure/Percent of Improvement	Action Steps	Method of Measurement	Benchmarks Toward Achieving Goal	Dates of Achievement	
							Benchmark	Goal
	A	N/A						
<b>Outcome 1</b>								
<b>Item 5</b>	X		Passed CFSR On-site review and 2002 AFCARS					
<b>Item 6:</b> Stability of foster care placement		X	Stability in foster care. Nat'l Standard 86.7% or more  5th quarter performance based on quarterly outcomes report = 75.8%* not AFCARS formula. AFCARS data not available. MO FFY 2003 78.6% AFCARS Goal 80.5% (Based on Federal formula for goal setting). Data profile: 2-7-06 - FFY 05 for stability = 80.7%					P-Dec 2006  A-
				P1.6.1 Increase system capacity to accurately track placement kinship vendor types.  Lesley Pettit		P1.6.1.a Logic created to track additional placement types 1) Kin, Related, Not licensed 2) Kin, Non-related, Not licensed 3) Kin, Non-related, Licensed.	P-Mar 05  A-Feb 05	
						P1.6.1.b Coding changes in Legacy completed.	P-May 05 A-May 05	
					Policy disseminated	P1.6.1.c Policy updated and distributed to CD staff.	P-Aug 05 A-Sep 05	
					Data converted	P1.6.1.d Staff will convert existing data to reflect accurate placement types.	P-Dec 05  A-Feb 06	

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							Benchmark	Goal
	A	N/A						
					Quarterly Outcome Report	P1.6.1.e Coding changes to be reflected in Quarterly Outcome Report.	P-Apr 06 A-Mar 06	
				P1.6.2 Improve diligent search for relatives/missing parents.  Bonnie Washeck		P1.6.2.a Potential explored for CD staff to access existing diligent search mechanisms.	P-Jul 04 A-Jul 04	
					Procedure disseminated	P1.6.2.b Diligent search procedure developed, distributed, and monitored through supervisory oversight.	P-Aug 04 A-Aug 04	
						P1.6.2.c Established agreements, as necessary, with other state agencies (possibly through Family Support Division and OSCA) to enhance access to state databases as mechanisms for diligent search.	P-Mar 05 A-Apr 05	
					Quarterly outcome reports	P1.6.2.d CD staff utilize enhanced diligent search mechanism and monitored through supervisory oversight.	P-Apr 05 A-Apr 05	
				P1.6.3 Expand use of family support team meetings to promote stability in alternative care placements  Kathryn Sapp Cindy Wilkinson	Plan disseminated	P1.6.3.a Plan written and disseminated for HB 1453 requirement of a FST prior to or immediately after an impending move.	P-Aug 04 A-Aug 04	
						P1.6.3.b Made ACTS system changes to track FSTs held prior to or immediately after a move.	P-Aug 04 A-Aug 04	
						P1.6.3.c Central Office staff provided training to regional staff on HB 1453 requirements	P-Aug 04 A-Aug 04	
						P1.6.3.d Regional staff provided localized training to existing staff on HB 1453 requirement	P-Sep 04 A-Sep 04	
						P1.6.3.e Policy incorporated into BASIC training.	P-Dec 04 A-Dec 04	
					PRR	P1.6.3.f Updated PRR to assure pre-placement FSTs.	P-Feb 05 A-Mar 05	

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							Benchmark	Goal
	A	N/A						
				P1.6.4 Identify resource family types and shortages  Cindy Wilkinson	Circuit data	P1.6.4.a Resource and recruitment contractors worked with circuits to determine resource family needs.	P-Mar 05 A-Apr 05	
					Circuit management plan	P1.6.4.b Recruitment plan targeting resource families written into a circuit management plan to address identified need.	P-May 05 A-Jul 05	
					Contract extension	P1.6.4c Extended current Foster Care/Adoption Resource Services contract	P-Nov 05 A-Nov 05	
					Circuit progress reports	P1.6.4d Circuit reported quarterly progress on recruitment activities	P-Feb 06 A-Feb 06	
					NRC Technical Assistance plan	P1.6.4e Consulted with the National Resource Center for Family Centered Practice and Permanency Planning regarding recruitment of resource families.	P-Mar 06 A-Jan 06	
				P1.6.5 Increase number of resource families  Cindy Wilkinson	Recruitment and retention plan developed	P1.6.5.a Recruitment and retention plan for foster home serving older youth implemented through Chafee program.	P-Jun 04 A-Jun 04	
					Adopt US Kids campaign	P1.6.5.b Implemented Adopt US Kids campaign.	P-Jul 04 A-Jul 04	
					Request for Proposal	P1.6.5.c RFP written and released for performance based case management contracts (PBC).	P-Apr 05 A-Apr 05	
					Award letters	P1.6.5.d Awarded PBC contracts.	P-Jun 05 A-Jun 05	
						P1.6.5.e PBC Case Management Services began	P-Sep 05 A-Sep 05	
					Contract extension	P1.6.5.f Extended current Foster Care/Adoption Resource Services contract.	P-Nov 05 A-Nov 05	

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							Benchmark	Goal
	A	N/A						
					ACTS data report	P1.6.5.g Quarterly report on PBC contractors' performance on stated child outcome on safety, permanency, and stability.	P-Feb 06 quarterly A-Feb 06	
					NRC Technical Assistance plan	P1.6.5.h Consulted with the National Resource Center for Family Centered Practice and Permanency Planning regarding recruitment of resource families.	P-Mar 06 A-Jan 06	
					Annual report	P1.6.5.i Annual report to General Assembly regarding PBC regarding case management, recruitment and training outcomes.	P-Jul 06 annually A-	
				P1.6.6 Increase placement stability by improving matching capabilities for children in out-of-home settings.  Cindy Wilkinson		P1.6.6.a Consulted with the National Resource Center for Family Centered Practice and Permanency Planning regarding "critical" factors in placement stability.	P-Mar 06  A-Jan 06	
					Survey results	P1.6.6.b Surveyed resource families to gather information regarding placement stability.	P-May 06 A-	
						P1.6.6.c Developed a placement matching tool designed for use in team decision making.	P-Oct 06 A-	
					Matching tool developed disseminated	P1.6.6.d Tool disseminated with instructions.	P-Nov 06 A-	
						P1.6.6.e Tool incorporated into BASIC training and supervisory oversight provided to existing staff.	P-Dec 06 A-	
				P1.6.7 Evaluate support and training provided for relative/kinship resource families	Survey	P1.6.7.a Surveyed current relative caregivers on the adequacy of the Caregiver who Knows the Child training curriculum.	P-Dec 05 A-Feb 06	
					Analysis report	P1.6.7.b Data Collected and analyzed.	P-Feb 06 A-Apr 06	

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							Benchmark	Goal
	A	N/A						
				Cindy Wilkinson Jeff Adams	Curriculum revision	P1.6.7.c Based on curriculum modifications, training to began to be delivered to newly licensed relative/kinship providers.	P-Sep 06 A-	
<b>Item 7:</b> Permanency goal for child		X	Baseline 85.9%  5th quarter PRR results = 83.7%  Goal 90.2% (Goal established is calculated by taking the average of 8 quarters performance in 2003 and 2004 and adding 5% of the average to measure improvement.)		PRR V-12 The permanency plan was developed and it includes options for concurrent planning.			P-Dec 2006  A-
				P1.7.1 Ensure the frequency and timeliness of Family Support Team Meetings occurs per policy Kathryn Sapp Cindy Wilkinson	Circuit Self Assessment	P1.7.1.a Circuit Managers analyzed FST frequency data through circuit self assessment.	P-Aug 04  A-Aug 04	
					Corrective action plans	P1.7.1.b Initiated corrective action when data falls below goal set in strategic plan.	P-Feb 05  A-Apr 05	
					Quarterly data reports	P1.7.1.c Circuit Managers assisted by PET monitored frequency data	P & A- Ongoing quarterly	
				P1.7.2 Improve quality of Family Support Teams (FSTs) to ensure permanency goal is reviewed and established  Kathryn Sapp		P1.7.2.a Made ACTS systems changes to track permanency reviews separately from FSTs.	P-Aug 04  A-Aug 04	
					Policy developed	P1.7.2.b Policy written on ACTS systems changes and elements necessary for permanency reviews.	P-Sep 04  A-Aug 04	
					Policy disseminated	P1.7.2.c Policy disseminated to all staff.	P-Sep 04 A-Aug 04	

Program Improvement Implementation								
1			2	3	4	5	6	7
Outcome or Systemic Factors and Item(s) Contributing to Non-Conformity			Goal/Negotiated Measure/Percent of Improvement	Action Steps	Method of Measurement	Benchmarks Toward Achieving Goal	Dates of Achievement	
							Benchmark	Goal
	A	N/A						
				Cindy Wilkinson	Training agenda	P1.7.2.d Incorporated ACTS system changes and policy into BASIC and computer systems training.	P-Jan 05 A-Oct 04	
					List of facilitators	P1.7.2.e Identified individuals who will serve as expert facilitators for more difficult FSTs.	P-Mar 05 A-Jul 05	
					Protocol developed	P1.7.2.f Protocol developed for accessing expert facilitators.	P-Apr 05 A-May 05	
					Training agenda	P1.7.2.g Trained expert facilitators.	P-Apr 05 R-Jan 06 A-Jan 06	
					Memo disseminated	P1.7.2.h Memo describing expert facilitator access protocol and expert facilitator duties distributed to all staff.	P-Apr 05 R-Jan 06 A-Jan 06	
				P1.7. 3 Strengthen policy and practice relating to concurrent planning.  Cindy Wilkinson		P1.7.3.a Circuit Managers monitored outcomes through PRR tool.	P-Mar 05 A-Mar 05	
					Improvement plans	P1.7.3.b Circuit Managers assisted by the PET to develop improvement plans.	P-May 05 A- Jul 05	
					Training curriculum and revised child welfare manual	P1.7.3.c Integrated concurrent planning into Advanced FCOOHC In-Service Module training and child welfare manual.	P-May 06 A-	
				P1.7.4 Increase collaboration with courts by providing cross training to judiciary, court staff, GALs and Children's Division staff on ASFA & Permanency hearings consistent with state and federal regulations.	Training curriculum	P1.7.4.a CD partnered with OSCA to develop training curriculum.	P-Jan 04 A-Jan 04	
						P1.7.4.b Developed draft plan to address logistics of proposed training.	P-Jan 04 A-Jan 04	
						P1.7.4.c Submitted draft to management of CD/OSCA.	P-Feb 04 A-Feb 04	
					Contract developed	P1.7.4.d Developed a contract to provide cross training to judiciary, court staff, GAL's and CD staff.	P-Mar 04 A-Mar 04	
						P1.7.4.e Management approved draft.	P-Apr 04 A-Apr 04	

Program Improvement Implementation								
1			2	3	4	5	6	7
Outcome or Systemic Factors and Item(s) Contributing to Non-Conformity			Goal/Negotiated Measure/Percent of Improvement	Action Steps	Method of Measurement	Benchmarks Toward Achieving Goal	Dates of Achievement	
							Benchmark	Goal
	A	N/A						
				Cindy Wilkinson	Training agenda and curriculum	P1.7.4.f Training implemented by CD/OSCA to include concurrent planning training.	P-Jun 04 A- Sept 04 ongoing twice per year	
<b>Item 8:</b> Reunification, guardianship, or permanent placement with relatives.		X	Reunification Nat'l Standard 76.2% or more  MO FFY 2003 AFCARS Baseline 59.8%  AFCARS Goal 62.2% (Based on Federal formula for goal setting).  5th quarter performance based on quarterly outcomes report = 69.1 % not AFCARS. AFCARS data not available.					P-Dec 2006  A-
				P1.8.1 Address permanency and services needs of children in Legal Status 2, 3, and 4  Bonnie Washeck	Data reports  Workgroup member list  Case review results report  Summary of meeting decisions	P1.8.1.a Prepared data on legal status 2, 3, and 4 children.  P1.8.1.b Developed workgroup to examine legal status 2, 3, and 4 children (include in workgroup OSCA, CD, and metro sites).  P1.8.1.c Conducted special case reviews on legal status 2, 3, and 4 cases.  P1.8.1.d CD met with DLS and OSCA to determine legal obligations related to legal status 2, 3, and 4 children.	P-Dec 04 A-Feb 05  P-Feb 05 A-Apr 05  P-Apr 05 A-May 05  P-Apr 05 A-Aug 05	



Program Improvement Implementation								
1			2	3	4	5	6	7
Outcome or Systemic Factors and Item(s) Contributing to Non-Conformity			Goal/Negotiated Measure/Percent of Improvement	Action Steps	Method of Measurement	Benchmarks Toward Achieving Goal	Dates of Achievement	
							Benchmark	Goal
	A	N/A						
						P1.8.1.e Revise AFCARS population if necessary.	P-Apr 05 A-Jul 05	
					Protocol developed	P1.8.1.f Developed policy and protocol on worker duties related to legal status 2, 3, and 4 cases.	P-July 05 R-May 06 A-	
					Comparison data	P1.8.1.g Caseload analysis (comparison to LS1) completed Legal status 2, 3, and 4.	P-Sept 05 A-Oct 05	
					PRR	P1.8.1.h Incorporated Legal status 2, 3, and 4 cases into established Peer Record Review process.	P-Oct 05 A-Oct 05	
				P1.8.2 Establish procedures to access various service funding streams.  Bonnie Washeck		P1.8.2.a See S2.3.4.a.		
						P1.8.2.b See S2.3.4.b.		
				P1.8.3 Ensure frequency and timeliness of Family Support Team Meetings occurs per policy.  Kathryn Sapp Cindy Wilkinson		P1.8.3.a See P1.7.1.a		
						P1.8.3.b See P1.7.1.b		
						P1.8.3.c See P1.7.1.c		
				P1.8.4 Improve quality of Family Support Teams to assure the review of permanency goal.  Kathryn Sapp Cindy Wilkinson		P1.8.4.a See P1.7.2.a		
						P1.8.4.b See P1.7.2.b		
						P1.8.4.c See P1.7.2.c		
						P1.8.4.d See P1.7.2.d		
						P1.8.4.e See P1.7.2.e		
						P1.8.4.f See P1.7.2.f		
						P1.8.4.g See P1.7.2.g		
						P1.8.4.h See P1.7.2.h		
				P1.8.5 Increase collaboration with courts by providing		P1.8.5.a See P1.7.4.a		
						P1.8.5.b See P1.7.4.b		
						P1.8.5.c See P1.7.4.c		

Program Improvement Implementation								
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Outcome or Systemic Factors and Item(s) Contributing to Non-Conformity			Goal/Negotiated Measure/Percent of Improvement	Action Steps	Method of Measurement	Benchmarks Toward Achieving Goal	Dates of Achievement	
							Benchmark	Goal
	A	N/A						
				cross training to new judiciary, court staff, Children's Division staff and GAL's on ASFA & Permanency hearings consistent with state and federal regulations  Cindy Wilkinson		P1.8.5.d See P1.7.4.d P1.8.5.e See P1.7.4.e P1.8.5.f See P1.7.4.f		
				P1.8.6 Increase collaboration with courts by providing cross training to judiciary, court staff, GAL's and Children's Division staff regarding roles and responsibilities.  Cindy Wilkinson	Contract developed	P1.8.6.a Contract developed to provide training.	P-Apr 04 A-Apr 04	
					Meeting minutes	P1.8.6.b Meeting held to discuss roles and responsibilities of CD and Juvenile Officers.	P-Dec 04 A-Oct 04	
					Training agenda	P1.8.6.c Training provided to judiciary, court staff, GAL's and CD staff	P-May 05 A-May 05	
				P1.8.7 Collaborate with OSCA to explore barriers that would allow Juvenile Courts to enter temporary custody orders and transfer jurisdiction to Probate & Circuit Courts to expedite guardianship. Jim Harrison	Meeting Minutes	P1.8.7.a Meeting held (with OSCA, CD, and DLS) to look at existing data and practices to identify problem areas and barrier to expeditious guardianship, including legislative and policy change.	P-Mar 05 A-Oct 04	
					Proposal drafted	P1.8.7.b Proposal drafted for legislative change.	P-Mar 05 A-Oct 04	
						P1.8.7.c Written proposal reviewed by OSCA, CD and DLS.	P-Mar 05 A-Sept 04	
						P1.8.7.d Proposal finalized and presented to Department for legislative change.	P-Mar 05 A-Jan 05	
				P1.8.8 Determined policy remedy to be used in addition or in		P1.8.8a Each circuit determined strategies with their court to expedite guardianship for children placed with	P-Oct 05	

Program Improvement Implementation								
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							Benchmark	Goal
	A	N/A						
				lieu of any legislative change referred in P1.8.7.		relatives in CD custody.	A-Oct 05	
						P1.8.8.b See P1.6.1a		
						P1.8.8.c See P1.6.1b		
				Jim Harrison Lesley Pettit		P1.8.8.d See P1.6.1c		
						P1.8.8.e See P1.6.1d		
						P1.8.8.f See P1.6.1e		
<b>Item 9:</b> Adoption	X		Adoption Nat'l Standard 32% or more  MO FFY 2003 AFCARS Baseline 38.5%  <b>Goal achieved</b>					P- Dec 2006  A-
				P1.9.1 Termination of Parental Rights will be filed in a timely manner, except when compelling reasons are documented.	Data report	P1.9.1.a.Examine TPR data from current information system.	P-Feb 05 A-Feb 05	
					Circuit reports on outcomes of meetings with courts.	P1.9.1.b Initiated local circuit meetings with Judicial Courts to address local procedures for filing of TPR petitions.	P-Jun 05 A-Jul 05	
				Cindy Wilkinson Kathryn Sapp	Policy developed	P1.9.1.c Developed policy for supervisor and staff responsibilities in documenting compelling reasons for not filing TPR.	P-Jun 05 A-Jul 05	
					Policy disseminated	P1.9.1.d Policy disseminated to staff and supervisory oversight	P-Aug 05 R-Mar 06 A-May 06	
						P1.9.1.e Incorporated into BASIC training.	P-Jun 05 R-Mar 06 A-Mar 06	
					PRR monitoring	P1.9.1.f Quarterly monitoring by PRR.	P&A ongoing quarterly	
						P1.9.1.g Incorporated into Advanced FCOOHC In-service module training.	P-May 06 A-	

Program Improvement Implementation								
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Outcome or Systemic Factors and Item(s) Contributing to Non-Conformity			Goal/Negotiated Measure/Percent of Improvement	Action Steps	Method of Measurement	Benchmarks Toward Achieving Goal	Dates of Achievement	
							Benchmark	Goal
	A	N/A						
				P1.9.2 Increase number of resource families.  Cindy Wilkinson	Performance based contracts and outcome reports	P1.9.2.a See P1.6.5.a		
						P1.9.2.b See P1.6.5.b		
						P1.9.2.c See P1.6.5.c		
						P1.9.2.d See P1.6.5.d		
						P1.9.2.e See P1.6.5.e		
						P1.9.2.f See P1.6.5.f		
						P1.9.2.g See P1.6.5.g		
						P1.9.2.h See P1.6.5.h		
						P1.9.2.i See P1.6.5.i		
				P1.9.3 Increase capacity to conduct home studies and finalize adoptions.  Cindy Wilkinson	Request for Proposal	P1.9.3.a RFP written for performance based case management contracts	P-Sep 04 A-Sep 04	
					Workload staffing analysis	P1.9.3.b Conducted a workload staffing analysis to determine staffing need for completing home studies and finalized adoptions.	P-Mar 05 A-Mar 05	
					Award letters	P1.9.3.c Awarded performance based case management contracts	P-Mar 05 A-Jun 05	
					Staffing report	P1.9.3.d Committed additional staff (private or public) as needed per available resources.	P-Jul 05 A-Aug 05	
				P1.9.4 Improve access to legal representation for CD staff  Jim Harrison		P1.9.4.a DLS identified plan to fill vacant FTE's or contract for attorneys.	P-Jul 04 A-Jul 04	
						P1.9.4.b Additional attorneys hired and placed.	P-Sep 04 A-Sep 04	
					Establish workgroup	P1.9.4.c CD/DLS established a work group to develop a protocol for CD staff to access DLS attorneys or contractors.	P-Mar 05 A-Apr 05	
					Develop draft protocol	P1.9.4.d Draft Protocol developed.	P-Apr 05 A-Apr 05	
						P1.9.4.e CD legal representation at court hearings monitored by CD/DLS joint committee for improvement.	P-July 05 Ongoing A-Jul 05	
					Draft joint memo	P1.9.4.f Draft joint memo with DLS to assist CD staff in developing a clearer understanding on how to access legal services.	P- Jul 05 A-Jul 05	

Program Improvement Implementation								
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							Benchmark	Goal
	A	N/A						
					Memo disseminated	P1.9.4.g Memo and Protocol disseminated to staff and adopted.	P-Oct 05 A-Sep 05	
Item 10: Other planned living arrangement		X	Baseline 63.6%  5th quarter results for PRR V-22 = 51.1%  Goal = 66.4%  <b>The goal has been achieved for PRR V-21.</b>		PRR V-22 Youth 16 or older have an ILP plan documented in the case record (CS-1 Att.)  PRR V-21 Youth 16 or over, are participating in or have completed ILP classes			P-Dec 2006  A-
				P1.10.1 Increase number and quality of resource families for older youth  Cindy Wilkinson		P1.10.1.a See P1.6.5.a		
						P1.10.1.b See P1.6.5.b		
						P1.10.1.c See P1.6.5.c		
						P1.10.1.d See P1.6.5.d		
						P1.10.1.e See P1.6.5.e		
				Cindy Wilkinson	Discuss recruitment activities	P1.10.1.f Met with IL Specialists to discuss strategies on recruitment activities for locating homes for older youth.	P-Mar 05	
					Recruitment activities report	P1.10.1.g Met with IL Specialists to report on community recruitment activities.	A-Mar 05 P-Jun 05	
						P1.10.1.h Incorporated Ready, Set, Fly curriculum and Chafee video into foster parent training.	A-Jun 05 P-Sep 05	
							A-Sep 04	
				P1.10.2 Increase awareness of Chafee program services to staff and community members	Distribute ETV material	P.1.10.2.a Increased awareness of Education and Training Voucher Program through distributing information material to secondary and higher education programs	P-Jan 04  A-Jan 04	
				Cindy Wilkinson	Youth conference	P1.10.2.b State Youth Advisory Board (SYAB) designed and hosted annual	P-July 04 annually	

Program Improvement Implementation								
1			2	3	4	5	6	7
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							Benchmark	Goal
	A	N/A						
						youth empowerment conference	A-July 04 Annually	
					Provide information meetings	P1.10.2.c ILP staff provided Chafee informational meetings, seminars, workshops to CD staff, foster parents, juvenile court, and youth serving agencies.	P- Mar 04 Ongoing  A-Mar 04 Ongoing	
					Write and disseminated memo	P1.10.2.d CD memo written and disseminated to staff involving ILP staff in the case planning process for older youth and referring age appropriate youth for Chafee services.	P-May 05  A-Sep 05	
					Distributed ETV poster	P1.10.2.e Designed and distributed ETV poster to schools and youth serving agencies	P-May 05  A-Aug 05	
				P1.10.3 Increase program accessibility to provide life skills training services for older youth  Cindy Wilkinson	Implement Pre-ILP Training curriculum	P1.10.3.a Designed and Implemented Pre-ILP Life Skills training curriculum for youth 14-15.	P-June 04  A- June 04	
					Youth conference	P1.10.3.b State Youth Advisory Board (SYAB) designed and hosted annual youth empowerment conference	P-July 04 annually A-July 04 Annually	
					Consult with SYAB	P1.10.3.c Consulted with SYAB members on needs of older youth.	P-Dec 04 Ongoing A- Dec 04 Ongoing	
					Convene workgroup and address recommendations	P1.10.3.d Convened workgroup to address recommendations from Chafee stakeholder and transitional living meetings on designating positions and training plan for adolescent workers	P-Feb 05  A-Feb 05	
					Provide training to selected staff in designed areas	P1.10.3.e Training provided in designate areas to selected staff interested in adolescent worker positions	P-Feb 05  A-Feb 05	
					CD memo	P1.10.3.f CD memo written and	P-May 05	

Program Improvement Implementation								
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							Benchmark	Goal
	A	N/A						
						disseminated to staff involving ILP staff in the case planning process for older youth and referring age appropriate youth for Chafee services	A-Sep 05	
<b>Permanency Outcome P2:</b>								
<b>Item 11:</b> Proximity of foster care placement	X							
<b>Item 12:</b> Placement with siblings		X	Baseline 85.6  5th quarter PRR results = <b>84.1%</b>  Goal 89.9% (Goal established is calculated by taking the average of 8 quarters performance in 2003 and 2004 and adding 5% of the average to measure improvement).		Monitored through Peer Record Review Question V-4: Siblings are placed together or there is ongoing visitation			P-Dec 2006 A-
				P2.12.1 Increase the number of siblings placed together  Kathryn Sapp	Policy developed	P2.12.1.a Policy developed for FST to be required prior to separating siblings at any time during placement episode.	P-Aug 04	
					Policy enhancement	P2.12.1.b Enhanced policy addressing the continual need for maintaining sibling relationship.	A-Aug 04	
					PRR results & Improvement plans	P2.12.1.c Circuit Managers monitored quarterly PRR results and improvement plans developed.	P-Feb 05 Ongoing Quarterly A-Ongoing	

Program Improvement Implementation									
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							Benchmark	Goal	
	A	N/A							
					Recommendations from workgroup	P2.12.1.d Visitation Workgroup presented recommendations on preserving sibling ties.	P-Nov 05 A-Nov 05		
					Draft policy	P2.12.1.e Developed policy requiring a FST prior to separating siblings.	P-Apr 06 A-Apr 06		
					Policy disseminated	P2.12.1.f Policy disseminated to staff on FST	P-May 06 A-		
					Supervisory sibling case review	P2.12.1.g Developed supervisory sibling case review process to review cases after siblings are separated after 30 days.	P-May 06 A-		
			P2.12.2 Develop an ongoing training module regarding sibling placements for staff, foster parents, and juvenile court staff.  Jeff Adams			P2.12.2.a Emphasis on the importance of sibling bonds, long term effects of separation, and importance of visitation, parentified child and sibling rivalries incorporated into foster parent training.	P-Nov 05  A-Dec 05		
						P2.12.2.b See P1.7.4.a			
						P2.12.2.c See P1.7.4.b			
						P2.12.2.d See P1.7.4.c			
						P2.12.2.e See P1.7.4.d			
						P2.12.2.f See P1.7.4.e			
					P2.12.2.g See P1.7.4.f				
				Training module	P2.12.2.h Emphasis on the importance of sibling bonds, long term effects of separation, and importance of visitation, parentified child and sibling rivalries incorporated into BASIC and advanced FCOOHC In-Service training module.	P-May 06  A-			
			P2.12.3 Increase capacity for resource families that accept sibling groups.  Cindy Wilkinson			P2.12.3.a See P1.6.5.a			
						P2.12.3.b See P1.6.5.b			
						P2.12.3.c See P1.6.5.c			
						P2.12.3.d See P1.6.5.d			
						P2.12.3.e See P1.6.5.e			
						P2.12.3.f See P1.6.5.f			
						P2.12.3.g See P1.6.5.g			



Program Improvement Implementation								
1			2	3	4	5	6	7
Outcome or Systemic Factors and Item(s) Contributing to Non-Conformity			Goal/Negotiated Measure/Percent of Improvement	Action Steps	Method of Measurement	Benchmarks Toward Achieving Goal	Dates of Achievement	
							Benchmark	Goal
	A	N/A						
						P2.12.3.h See P1.6.5.h		
						P2.12.3.i See P1.6.5.i		
Item 13: Visiting with parents and siblings in foster care.		X	<p>Baseline 89.4 %</p> <p>5th quarter PRR results = <b>85.0%</b></p> <p>Goal 90.3% (Goal established is calculated by taking the average of 8 quarters performance in 2003 and 2004 and adding 1% of the average to measure improvement).</p> <p>Baseline 85.6%</p> <p>5th quarter PRR results = <b>84.1%</b></p> <p>Goal 89.9% (Goal established is calculated by taking the average of 8 quarters performance in 2003 and 2004 and adding 5% of the average to measure Improvement).</p>		<p>Parents' visits monitored through PRR Question V-13. There is a current visitation plan in place to facilitate reunification.</p> <p>Sibling visits monitored through Peer Record Review question V-4: Siblings are placed together or there is ongoing visitation.</p>			<p>P-Dec 2006</p> <p>A-</p>
				P2.13.1 Increase frequency and quality of parent/child and	Recommendations from workgroup	P2.13.1.a Visitation Workgroup presented recommendations on preserving sibling ties.	P-Nov 05 A-Nov 05	

Program Improvement Implementation								
1			2	3	4	5	6	7
Outcome or Systemic Factors and Item(s) Contributing to Non-Conformity			Goal/Negotiated Measure/Percent of Improvement	Action Steps	Method of Measurement	Benchmarks Toward Achieving Goal	Dates of Achievement	
							Benchmark	Goal
	A	N/A						
				sibling visits.  Cindy Wilkinson	Policy revision	P2.13.1.b Revised policy to improve qualitative and quantitative visitation plan requirements.	P-Apr 06 A-Apr 06	
						P2.13.1.c Incorporated policy revision into BASIC training and supervisory oversight provided to existing staff.	P-Jul 06 A-	
					PRR	P2.13.1.d Incorporated revisions into PRR tool.	R-Jul 06 A-	
					Quarterly data reports	P2.13.1.e Circuit Managers monitor data regarding frequency of parent/child/sibling visits.	P-Oct 06 A-	
					Practice improvement plans developed	P2.13.1.f Circuit Managers assisted by the PET teams developed practice improvement plans using all available data for guidance.	P-Oct 06 A-	
Item 14: Preserving connections		X	Baseline 25.9%  5th quarter performance = 27.4%  Goal 27.2%  Baseline 83%		Relative Placement CD-Outcomes #17. Increase the number of children placed with relative providers (LS 1-4) Previous data only captured LS 1 children.			P-Dec 2006  A-

Program Improvement Implementation								
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							Benchmark	Goal
	A	N/A						
			5th quarter results for PRR = 83.4 %  Goal 87.2% Goal established is calculated by taking the average of 8 quarters performance in 2003 and 2004 and adding 5% of the average to measure improvement.		PRR V-1 Consideration was given to relatives or kin for placement.			
				P2.14.1 Increase emphasis on preserving familial and community connections for children in out of home care.  Kathryn Sapp	Evaluation report	P2.14.1.a Evaluated Family-to-Family program regarding applicability for statewide implementation.	P-May 05	
						P2.14.1.b Submitted evaluation recommendations to administration.	A-Jan 06	
						P2.14.1.c Based on results of Family to Family evaluation and review of other state's best practices determined statewide applicability.	P-July 05 A-Jan 06	
					State plan developed	P2.14.1.d Develop state plan to address preserving connections.	P-Aug 05 A-Jan 06	
				P2.14.2 Improve diligent search for relatives/missing parents  Bonnie Washeck		P2.14.2.a See P1.6.2.a		
						P2.14.2.b See P1.6.2.b		
						P2.14.2.c See P1.6.2.c		
						P2.14.2.d See P1.6.2.d		
				P2.14.3 Revise ICWA policy Cindy Wilkinson Kathryn Sapp	Policy revision	P2.14.3.a Revised ICWA policy to reflect best practice standards.	P-Aug 04 A-Aug 04	
					CPS-1 CD-14	P2.14.3.b ICWA questions incorporated into intake (CPS-1) and family assessment (CD-14) tools.	P-May 05 A-Apr 05	

Program Improvement Implementation								
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							Benchmark	Goal
	A	N/A						
					Policy disseminated	P2.14.3.c Newly revised intake & assessment disseminated to all CD staff.	P-Aug 05 A-Dec 05	
					PRR	P2.14.3.d Add ICWA question to Peer Record Review tool.	P-Sept 05 A-Mar 05	
					PRR quarterly data reports	P2.14.3.e Establish a baseline for ICWA for Peer Record.	P-Sept 05 A-Jun 05	
Item 15: Relative placement		X	Baseline 25.9% 5th quarter		Relative Placement monitored		P-Dec 2006 A-	

Program Improvement Implementation								
1			2	3	4	5	6	7
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							Benchmark	Goal
	A	N/A						
			<p>Outcome Reports results = 27.4%*</p> <p><b>Goal achieved</b></p> <p>Goal 27.2% (Goal established is calculated by taking the average of 8 quarters performance in 2003 and 2004 and adding 5% of the average to measure improvement).</p> <p>Baseline 83.0%</p> <p>5th quarter PRR results = 83.4%</p> <p>Goal 87.2% (Goal established is calculated by taking the average of 8 quarters performance adding 5% of the average to measure improvement).</p>		<p>through the number of children placed with relative provider in legal status 1-4</p> <p>Monitored through Peer Record Review question V-1: Consideration was given to relatives or kin for placement</p>			
				P2.15.1 Increase system capacity to accurately track placement kinship vendor types.		P2.15.1.a See P1.6.1.a P2.15.1.b See P1.6.1.b P2.15.1.c See P1.6.1.c P2.15.1.d See P1.6.1.d P2.15.1.e See P1.6.1.e		
				Lesley Pettit				

Program Improvement Implementation								
1			2	3	4	5	6	7
Outcome or Systemic Factors and Item(s) Contributing to Non-Conformity			Goal/Negotiated Measure/Percent of Improvement	Action Steps	Method of Measurement	Benchmarks Toward Achieving Goal	Dates of Achievement	
							Benchmark	Goal
	A	N/A						
				P2.15.2 Improve diligent search for relatives/missing parents.  Cindy Wilkinson		P2.15.2.a See P1.6.2.a P2.15.2.b See P1.6.2.b P2.15.2.c See P1.6.2.c P2.15.2.d See P1.6.2.d		
				P2.15.3 Evaluate support and training provided for relative/kinship resource families  Cindy Wilkinson Jeff Adams		P2.15.3.a See P1.6.7.a P2.15.3.b See P1.6.7.b P2.15.3.c See P1.6.7.c		
Item 16: Relationship of child in care with parents		X	Baseline 91.0%  5th quarter PRR results = 89.8%  Goal 91.9% (Goal established is calculated by taking the average of 8 quarters performance in 2003 and 2004 and adding 1% of the average to measure improvement).		Parent Visits monitored through Peer Record Review question V-3: The child is placed in close proximity to his/her family.			P-Dec 2006  A-
				P2.16.1 Improve diligent search for non-custodial parent.  Bonnie Washeck		P2.16.1.a See P1.6.2.a P2.16.1.b See P1.6.2.b P2.16.1.c See P1.6.2.c P2.16.1.d See P1.6.2.d		
				P2.16.2 Improve engagement of non-custodial parents in	PRR Outcomes	P16.16.2.a See S2.3.2.a P16.16.2.b See S2.3.2.b P16.16.2.c See S2.3.2.c		

Program Improvement Implementation								
1			2	3	4	5	6	7
Outcome or Systemic Factors and Item(s) Contributing to Non-Conformity			Goal/Negotiated Measure/Percent of Improvement	Action Steps	Method of Measurement	Benchmarks Toward Achieving Goal	Dates of Achievement	
							Benchmark	Goal
	A	N/A						
				case planning by strengthening worker/supervisor skills in engaging families in the assessment, case planning and case plan review process. Increase parent, caregiver (alternative care provider) and child involvement in case assessment, plan development and reassessment.		P16.16.2.d See S2.3.2.d		
						P16.16.2.e See S2.3.2.e		
						P16.16.2.f See S2.3.2.f		
				Kathryn Sapp				
Well Being Outcome 1 Families have enhanced capacity to provide for children's needs								
Item 17: Needs and services of child, parents, foster parents		X	Baseline 89.4% 5th quarter PRR results = 88.5% Goal 90.3%		PRR IV-13 Services being provided to the family are adequate to meet their needs as identified in the assessment. Previously PRR III-3 and III-10 were used.			P-Dec 2006 A-
				WB1.17.1 Improve family assessment and		WB1.17.1.a See S2.3.1.a		
						WB1.17.1.b See S2.3.1.b		

Program Improvement Implementation								
1			2	3	4	5	6	7
Outcome or Systemic Factors and Item(s) Contributing to Non-Conformity			Goal/Negotiated Measure/Percent of Improvement	Action Steps	Method of Measurement	Benchmarks Toward Achieving Goal	Dates of Achievement	
							Benchmark	Goal
	A	N/A						
				case plan tools to better link service provision to the needs of the bio family identified in the initial and ongoing assessments.  Kathryn Sapp		WB1.17.1.c See S2.3.1.c WB1.17.1.d See S2.3.1.d WB1.17.1.e See S2.3.1.e WB1.17.1.f See S2.3.1.f WB1.17.1.g See S2.3.1.g WB1.17.1.h See S2.3.1.h		
					Per 4 <sup>th</sup> quarter renegotiation, PRR IV-15 has been removed.			
				WB1.17.2 Strengthen workers skills in engaging families in the assessment, case planning and case plan review processes to increase parent, caregiver (alternative care provider) and child involvement in case assessment, plan development and reassessment.  Kathryn Sapp		WB1.17.2.a See S2.3.2.a WB1.17.2.b See S2.3.2.b WB1.17.2.c See S2.3.2.c WB1.17.2.d See S2.3.2.d WB1.17.2.e See S2.3.2.e WB1.17.2.f See S2.3.2.f		
				WB1.17.3 Implementation of “Confirming Safe Environments” to reduce the risk for children in foster/kinship care to identify needs of child and providers.		WB1.17.3.a See S1.2.2.a WB1.17.3.b See S1.2.2.b WB1.17.3.c See S1.2.2.c WB1.17.3.d See S1.2.2.d WB1.17.3.e See S1.2.2.e WB1.17.3.f See S1.2.2.f WB1.17.3.g See S1.2.2.g WB1.17.3.h See S1.2.2.h WB1.17.3.i See S1.2.2.i		



Program Improvement Implementation								
1			2	3	4	5	6	7
Outcome or Systemic Factors and Item(s) Contributing to Non-Conformity			Goal/Negotiated Measure/Percent of Improvement	Action Steps	Method of Measurement	Benchmarks Toward Achieving Goal	Dates of Achievement	
							Benchmark	Goal
	A	N/A						
				Cindy Wilkinson		WB1.17.3.j See S1.2.2.j WB1.17.3.k See S1.2.2.k WB1.17.3.l See S1.2.2.l		
Item 18: Child and family involvement in case planning.		X	Baseline 74.1%  5th quarter PRR results = 73.7 %  Goal 77.8% (Goal established is calculated by taking the average of 8 quarters performance in 2003 and 2004 and adding 5% of the average to measure improvement).		Monitored through Peer Record Review question IV-8: The family participated in the development of and signed the service plan.			P-Dec 2006  A-
				WB1.18.1 Maximize parental/family participation in Family Support Team Meetings.  Bonnie Washeck		WB1.18.1.a See S2.3.2 a WB1.18.1.b See S2.3.2 b WB1.18.1.c See S2.3.2 c WB1.18.1.d See S2.3.2 d WB1.18.1.e See S2.3.2 e WB1.18.1.f See S2.3.2 f		
					Protocol established	WB1.18.1.g Established a protocol for accessing division staff outside of regular working hours.	P-Aug 05  A-Aug 05	
				WB1.18.2 Improve the quality of Family Support Team Meetings.  Kathryn Sapp Cindy Wilkinson		WB1.18.2.a See P1.7.2a WB1.18.2.b See P1.7.2b WB1.18.2.c See P1.7.2c WB1.18.2.d See P1.7.2d WB1.18.2.e See P1.7.2e WB1.18.2.f See P1.7.2f WB1.18.2.g See P1.7.2g WB1.18.2.h See P1.7.2h		
				WB1.18.3 Review and further develop a		WB1.18.3.a Collected parent handbooks used by various circuits.	P-Aug 05 A-Aug 05	

Program Improvement Implementation								
1			2	3	4	5	6	7
Outcome or Systemic Factors and Item(s) Contributing to Non-Conformity			Goal/Negotiated Measure/Percent of Improvement	Action Steps	Method of Measurement	Benchmarks Toward Achieving Goal	Dates of Achievement	
							Benchmark	Goal
	A	N/A						
				handbook, to be distributed at the point of removal, to educate parents on their rights and responsibilities, court procedures, etc.  Cindy Wilkinson	Workgroup list	WB1.18.3.b Convened a work group to evaluate parent handbooks.	P-Oct 05 A-Sep 05	
					Parent handbook	WB1.18.3.c Developed a universal parent handbook.	P-Jan 06 A-Jan 06	
					Survey results	WB1.18.3.d Solicited consumer feedback on parent handbook	P-Apr 06 <a href="#">R-Jun 06</a> A-	
					Policy developed	WB1.18.3.e Developed policy on use of parent handbook.	P-Jul 06 A-	
					Policy disseminated	WB1.18.3.f Policy distributed to all staff and supervisory oversight.	P-Sept 06 A-	
					Training curriculum	WB1.18.3.g Policy Incorporated into BASIC training	P-Oct 06 A-	
Item 19: Worker visits with child – improve quantity and quality		X	<b>The goal has been achieved for PRR V-16.</b>		Foster Care cases monitored through Peer Record Review question V-16: The worker visits the child twice every month.			
				WB1.19.1 Develop policy addressing the quality of visits to incorporate case planning, service delivery and goal attainment.  Bonnie Washeck	Team appointments	WB1.19.1a Appointed visitation policy and practice team.	P-Jan 05 A-Feb 05	
					Convene meeting	WB1.19.1.b Convened first policy and practice team meeting.	P-Feb 05 A-May 05	
					<a href="#">Workgroup recommendations</a>	<a href="#">WB1.19.1c Visitation Workgroup presented recommendations on how visitation is critical in timely reunification to executive staff.</a>	<a href="#">P-Nov 05</a> <a href="#">A-Nov 05</a>	
					<a href="#">Recommendations reviewed</a>	<a href="#">WB1.19.1.d Recommendation reviewed by executive staff.</a>	<a href="#">P-Jan 06</a> <a href="#">A-Jan 06</a>	
					<a href="#">Policy draft</a>	<a href="#">WB1.19.1.e Policy drafted.</a>	<a href="#">P-Apr 06</a> <a href="#">A-Apr 06</a>	
					<a href="#">Policy disseminated</a>	<a href="#">WB1.19.1.f Policy disseminated to staff</a>	<a href="#">P- May 06</a> <a href="#">A-</a>	
						<a href="#">WB1.19.1.g Training began on policy enhancements staff and foster parents.</a>	<a href="#">P-Jul 06</a> <a href="#">A-</a>	

Program Improvement Implementation								
1			2	3	4	5	6	7
Outcome or Systemic Factors and Item(s) Contributing to Non-Conformity			Goal/Negotiated Measure/Percent of Improvement	Action Steps	Method of Measurement	Benchmarks Toward Achieving Goal	Dates of Achievement	
							Benchmark	Goal
	A	N/A						
						WB1.19.1.h Utilize Practice Enhancement Teams (PET) to support protocols.	P-Jul 06 A-	
				WB1.19.2 Increase policy compliance for frequency of worker visits for intact and out-of-home cases.  Cindy Wilkinson Kathryn Sapp	Quarterly workload report	WB1.19.2.a Achieved progress in caseload equalization by developing quarterly circuit workload reports.	P-Aug 05 quarterly ongoing A-Aug 05	
					PRR	WB1.19.2.b Circuit Managers monitored the frequency of worker visits through the PRR.	P-Aug 05 A-Aug 05	
					Practice Improvement plans	WB1.19.2.c Circuit Managers assisted by PET to develop practice improvement plans.	P-Sep 05 A-Sep 05	
				WB1.19.3 Tracking system to track worker visits (date/site).  Jim Harrison		WB1.19.3.a Reviewed the FCS section of the Family Satisfaction survey on monthly worker visits with the family.	P-Feb 06 A-Feb 06	
						WB1.19.3.b Reviewed the youth portion of the Family Satisfaction survey on bi-monthly worker visits with the out-of-home care child.	P-Feb 06 A-Feb 06	
						WB1.19.3.c PET teams annually analyzed family satisfaction survey data	P-Apr 06 A-Apr 06	
						WB1.19.3.d Worked with ITSD staff to include worker visit information (with child, parents, foster parents) and sibling visits in the Outcome Reports when converted to SACWIS.	P-May 06 A-	

Program Improvement Implementation								
1			2	3	4	5	6	7
Outcome or Systemic Factors and Item(s) Contributing to Non-Conformity			Goal/Negotiated Measure/Percent of Improvement	Action Steps	Method of Measurement	Benchmarks Toward Achieving Goal	Dates of Achievement	
							Benchmark	Goal
	A	N/A						
Item 20: Worker Visit with parent(s).		X	Baseline 85.3%  5 <sup>th</sup> quarter PRR results = <b>85.1%</b>  Goal 89.5% (Goal established is calculated by taking the average of 8 quarters performance in 2003 and 2004 and adding 5% of the average to measure improvement).		Intact and Foster Care Cases monitored through Peer Record Review question IV-14: The worker visits family (caretakers) at least one time per month.			P-Dec 2006  A-
				WB1.20.1 Strengthen worker relationships with biological or adoptive parents.  Bonnie Washeck	Protocols established	WB1.20.1.a Protocols established in WB1.19.1g included in <a href="#">all resource parent</a> training	P-May 05 R-Jul 06 A-	
					Revise PRR	WB1.20.1.b Revised PRR to reflect collateral contacts required per family risk assessment/reassessment	P-Jun 05 A-Jun 05	
						WB1.20.1.c See S2.3.2.a		
						WB1.20.1.d See S2.3.2.b		
						WB1.20.1.e See S.2.3.2.c		
						WB1.20.1.f See S.2.3.2.d		
						WB1.20.1.g See S.2.3.2.e		
						WB1.20.1.h See S2.3.2.f		

Program Improvement Implementation								
1			2	3	4	5	6	7
Outcome or Systemic Factors and Item(s) Contributing to Non-Conformity			Goal/Negotiated Measure/Percent of Improvement	Action Steps	Method of Measurement	Benchmarks Toward Achieving Goal	Dates of Achievement	
							Benchmark	Goal
	A	N/A						
				WB1.20.2 – Refer to: WB1.19.1, WB1.19.2 and WB1.19.3  a. WB1.19.1 Develop policy addressing the quality of visits to incorporate case planning, service delivery and goal attainment.  b. WB1.19.2 Increase policy compliance for frequency of worker visits for intact and out-of-home cases.  c. WB1.19.3 Tracking system to track worker visits (date/site).		WB1.20.2.a See WB1.19.1.a-f  WB1.20.2.b See WB1.19.2 a-c  WB1.20.2.c See WB1.19.3 a-b		
Well Being Outcome 2 Children receive services to meet their educational needs								
<b>Item 21:</b> Children receive appropriate services to meet their educational needs		X	Baseline 95.6%  5th quarter PRR results = <b>94.5%</b>  Goal 96.6% (Goal established is calculated by taking the average of 8 quarters performance		PRR V-18 The child is at grade level and receiving appropriate educational services.			P-Dec 2006  A-

Program Improvement Implementation								
1			2	3	4	5	6	7
Outcome or Systemic Factors and Item(s) Contributing to Non-Conformity			Goal/Negotiated Measure/Percent of Improvement	Action Steps	Method of Measurement	Benchmarks Toward Achieving Goal	Dates of Achievement	
							Benchmark	Goal
	A	N/A						
			in 2003 and 2004 and adding 1% of the average to measure improvement.)					
				WB2.21.1 Improve working relationship among Children's Division, Department of Elementary and Secondary Education (DESE) and local school districts.  Kathryn Sapp	Protocol developed	WB.2.21.1.a Protocol developed regarding inclusion of educational personnel in FST's.	P-Mar 05 A-Apr 05	
					Education liaisons	WB2.21.1.b Designated an education liaison at the state level.	P-May 05 A-May 05	
					Circuit Self Assessment	WB2.21.1.c Local level barriers identified regarding working with schools and educational disruptions of children in foster care.	P-May 05 A-Jul 05	
					Written local plans	WB2.21.1.d Developed a plan to alleviate barriers and address educational disruptions of children in foster care as applicable.	P-May 05 A-Jul 05	
					Written State plan	WB2.21.1.e Children's Division Administration partnered with DESE to address identified barriers at State level.	P-Aug 05 A-Aug 05	
				WB2.21.2 Improve the flow of educational records and reports when children transfer schools.  Kathryn Sapp Cindy Wilkinson	Protocols developed	WB2.21.2.a Local protocols developed for alternative care children regarding permission of custodian to access records needed for enrollment.	P-Jun 05 A-Jun 05	
					Residential Facility contracts	WB2.21.2.b. Incorporated accountability measures for transfer of educational records into Residential Facility contracts.	P-Jun 05 R-Jan 06 A-Feb 06	
				WB2.21.3 Decrease the incidence of educational neglect, truancy and suspension of children in care.		WB2.21.3.a Consult with National Resource Centers and other national education resources regarding early identification of educational neglect, truancy and suspension of children in care.	P-Apr 05 A-Apr 05	

Program Improvement Implementation								
1			2	3	4	5	6	7
Outcome or Systemic Factors and Item(s) Contributing to Non-Conformity			Goal/Negotiated Measure/Percent of Improvement	Action Steps	Method of Measurement	Benchmarks Toward Achieving Goal	Dates of Achievement	
							Benchmark	Goal
	A	N/A						
				Cindy Wilkinson Kathryn Sapp	Revised CD-14 and CS-1	WB2.21.3.b Identification of risk factors for educational neglect, truancy or school suspension incorporated into the CD-14 and CS-1.	P-Jul 05 A-Jul 05	
					Distribute youth training video	WB2.21.4.c Distribute Youth Training Video for teacher in-service training.	P-Sep 05 A-Nov 05	
					Protocol developed	WB2.21.3.d Protocol developed for accessing early interventions for students at risk for educational neglect, truancy and suspension.	P-Oct 05 A-Nov 05	
					Protocol developed	WB2.21.3.e Protocol developed for children expelled due to the Safe School Act.	P-Oct 05 A-Nov 05	
					Protocol disseminated	WB2.21.3.f Protocols distributed to staff and shared with local school districts.	P-Nov 05 A-Feb 06	
						WB2.21.3.g Protocols incorporated into BASIC and foster parent training.	P-Dec 05 A-Feb 06	
				WB2.21.4 Decrease the incidence of educational neglect, truancy and suspension of children for intact families. Kathryn Sapp		WB2.21.4.a Consulted with National Resource Center on Child Maltreatment and other national education resources regarding early identification of educational neglect, truancy and suspension of intact families.	P-Apr 05 A- Apr 05	
					CD-14 revision	WB2.21.4.b Identification of risk factors for educational neglect, truancy or school suspension incorporated into the CD-14.	P-July 05 A-Jul 05	
					Distribute youth training video	WB2.21.4.c Distribute Youth Training Video for teacher in-service training.	P-Sep 05 A-Nov 05	
					Protocol developed	WB2.21.4.d Protocol developed for accessing early interventions for students at risk for educational neglect, truancy and suspension.	P-Oct 05 A-Nov 05	

Program Improvement Implementation								
1			2	3	4	5	6	7
Outcome or Systemic Factors and Item(s) Contributing to Non-Conformity			Goal/Negotiated Measure/Percent of Improvement	Action Steps	Method of Measurement	Benchmarks Toward Achieving Goal	Dates of Achievement	
							Benchmark	Goal
	A	N/A						
					Protocol developed	WB2.21.4.e Protocol developed for children expelled due to the Safe School Act.	P-Oct 05 A-Nov 05	
					Protocols disseminated	WB2.21.4.f Protocols distributed.	P-Nov 05 A-Feb 06	
						WB2.21.4.g Protocols incorporated into BASIC training.	P-Dec 05 A-Feb 06	
Well-Being 3 (WB3): Children receive adequate services to meet their physical and mental health needs.								
Item 22: Physical health of the child		X	Baseline 96.9%  5th quarter PRR results = 95.8%  Goal 97.8% (Goal established is calculated by taking the average of 8 quarters performance in 2003 and 2004 and adding 1% of the average to measure improvement.		PRR V-17: The physical needs of the child are being met.			P-Dec 2006  A-
				WB3.22.1 Increase ability of Children's Division staff and families to access available dental resources.  Bonnie Washeck	Circuit Self Assessment	WB3.22.1.a Circuits identified available local dental resources.	P-Mar 05 A-Aug 05	
					Dental coordinator list	WB3.22.1.b Dental coordinator assigned to each region (local level) to identify barriers and facilitate access to dental providers.	P-May 05 A-Jul 05	
					Notification letter	WB3.22.1.c Notified dental providers of regional dental coordinators.	P-Aug 05 A-Aug 05	



Program Improvement Implementation								
1			2	3	4	5	6	7
Outcome or Systemic Factors and Item(s) Contributing to Non-Conformity			Goal/Negotiated Measure/Percent of Improvement	Action Steps	Method of Measurement	Benchmarks Toward Achieving Goal	Dates of Achievement	
							Benchmark	Goal
	A	N/A						
					Written plan	WB3.22.1.d In partnership with Division of Medical Services (DMS) assessed and developed plan to reduce administrative burden on Medicaid providers.	P-Aug 05 A-Aug 05	
					Assessment report	WB3.22.1.e Completed assessment regarding Dental Van program expansion.	P-Aug 05 A-Nov 05	
				WB3.22.2 Increase capacity of staff to assess medical needs of children in intact families.  Bonnie Washeck	CD-14 revision	WB3.22.2.a Revised CD-14 to include assessment of medical needs of children in intact families.	P-July 05 A-Apr 05	
					Policy disseminated	WB3.22.2.b Issued revised form and policy.	P-Sep 05 R-Dec 05 A-Dec 05	
					Training curriculum	WB3.22.c Existing staff trained in Assessment and Service Planning using CD-14 as tool statewide.	P-Oct 05 R-Jan 06 A-Feb 06	
						WB3.22.2.d Integrated CD-14 into Advanced Family-Centered In-service training module.	P-Jan 06 A-Feb 06	
Item 23: Mental health needs of the child		X	Baseline 96.4%  5 <sup>th</sup> quarter PRR results = <b>95.6%</b>  Goal 97.3% (Goal established is calculated by taking the average of 8 quarters performance in 2003 and 2004 and adding 1% of the average to measure improvement.		PRR V-19: The mental health needs of the child are being met.			P-Dec 2006  A-

Program Improvement Implementation								
1			2	3	4	5	6	7
Outcome or Systemic Factors and Item(s) Contributing to Non-Conformity			Goal/Negotiated Measure/Percent of Improvement	Action Steps	Method of Measurement	Benchmarks Toward Achieving Goal	Dates of Achievement	
							Benchmark	Goal
	A	N/A						
				WB3.23.1 Increase the ability of Children's Division staff and families to access available mental health resources.  Jim Harrison	Circuit Self Assessment	WB3.23.1.a Available mental health resources identified through Circuit Self Assessment.	P-Aug 04 A-Aug 04	
					Mental Health Coordinator list	WB3.23.1.b Five Regional Mental Health Coordinators designated.	P-Jan 05 A-Jan 05	
						WB3.23.1.c See S2.3.5		
					Written plan	WB3.23.1.d Mental Health Coordinators convened teams to identify local barriers, develop a plan to alleviate barriers and create partnerships to improve service delivery.	P-May 05 A-May 05	
					Plan developed	WB3.23.1.e In partnership with Division of Medical Services (DMS) assessed and developed plan to reduce administrative burden on Medicaid providers.	P-Aug 05 A-Aug 05	
				WB.3.23.2 Increase awareness of staff and foster parents regarding attachment and mental health issues.  Cindy Wilkinson		WB3.23.2.a See P1.6.3.a		
						WB3.23.2.b Increased the number of staff and foster parents trained on Working with the Explosive Child (See Training Matrix).	P & A- Ongoing semi-annually	
						WB3.23.2.c Increased the number of staff and foster parents trained on Grief and Loss (See Training Matrix).	P-Sep 04 A-Sep 04 ongoing semi-annual	
					Curriculum developed	WB3.23.2.d Developed Reactive Attachment Disorder curriculum.	P-Mar 05 A-Mar 05	
					Training agenda	WB3.23.2.e Incorporated attachment issues training into on-going training.	P-Sep 06 A-	
				WB3.23.3 Increase capacity of staff to assess mental health needs of children in	CD-14 revision	WB3.23.3.a Incorporated assessment of mental health needs of children in intact families in CD-14 revision (See S2.3.1.b-h).	P-July 05 A-Apr 05	

Program Improvement Implementation								
1			2	3	4	5	6	7
Outcome or Systemic Factors and Item(s) Contributing to Non-Conformity			Goal/Negotiated Measure/Percent of Improvement	Action Steps	Method of Measurement	Benchmarks Toward Achieving Goal	Dates of Achievement	
							Benchmark	Goal
	A	N/A						
				intact families.  Kathryn Sapp	Practice improvement plans	WB3.23.3.b Circuit Managers evaluated SCRT results and developed practice improvement strategies as needed.(See S2.3.3 a-f)	P-Apr 06 ongoing quarterly <a href="#">R-Nov 06</a> A-	
<b>Systemic Factors</b>								
Item 24: System can identify the status, demographic characteristics, location and goals of children in foster care.	X							
Item 25: Provides a process that ensures that each child has a written case plan to be developed jointly with the child's parent(s) that includes the required provisions.		X	Baseline 74.1%  <b>5<sup>th</sup> quarter PRR results = 73.7%</b>  Goal 77.8% (Goal established is calculated by taking the average of 8 quarters performance in 2003 and 2004 and adding 5% of the average to measure improvement.		<a href="#">Monitored through Peer Record Review question IV-8. The family participated in the development and signed the service plan.</a>  <a href="#">Previous measurement PRR IV-15</a>			
				25.1 Improve family assessment and case plan tools to better link service provision to the needs of the family identified in the initial and ongoing		25.1.a See S2.3.1.a 25.1.b See S2.3.1.b 25.1.c See S2.3.1.c 25.1.d See S2.3.1.d 25.1.e See S2.3.1.e 25.1.f See S2.3.1.f 25.1.g See S2.3.1.g		

Program Improvement Implementation								
1			2	3	4	5	6	7
Outcome or Systemic Factors and Item(s) Contributing to Non-Conformity			Goal/Negotiated Measure/Percent of Improvement	Action Steps	Method of Measurement	Benchmarks Toward Achieving Goal	Dates of Achievement	
							Benchmark	Goal
	A	N/A						
				assessments. Kathryn Sapp		25.1.h See S2.3.1.h		
				25.2 Strengthen worker/supervisor skills in engaging families in the assessment, case planning and case plan review process to increase parent, caregiver (alternative care provider) and child involvement in case assessment, plan development and reassessment. Kathryn Sapp		25.2.a See S2.3.2.a		
						25.2.b See S2.3.2.b		
						25.2.c See S2.3.2.c		
						25.2.d See S2.3.2.d		
						25.2.e See S2.3.2.e		
						25.2.f See S2.3.2.f		
				25.3 Improve supervisory capacity to monitor practice linking the assessment with the overall plan.  Bonnie Washeck		25.3.a See S2.3.3.a		
						25.3.b See S2.3.3.b		
						25.3.c See S2.3.3.c		
						25.3.d See S2.3.3.d		
						25.3.e See S2.3.3.e		
						25.3.f See S2.3.3.f		
						25.3.g See S2.3.3.g		
						25.3.h See S2.3.3.h		
				25.4 Maximize parental/family involvement in Family Support Team Meetings.  Bonnie Washeck		25.4.a See P1.6.2.a		
						25.4.b See P1.6.2.b		
						25.4.c See P1.6.2.c		
						25.4.d See P1.6.2.d		
						25.4.e See S2.3.2 a		
						25.4.f See S2.3.2 b		
						25.4.g See S2.3.2 c		
						25.4.h See S2.3.2 d		
						25.4.i See S2.3.2 e		
						25.4.j See S2.3.2 f		

Program Improvement Implementation								
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Outcome or Systemic Factors and Item(s) Contributing to Non-Conformity			Goal/Negotiated Measure/Percent of Improvement	Action Steps	Method of Measurement	Benchmarks Toward Achieving Goal	Dates of Achievement	
							Benchmark	Goal
	A	N/A						
				25.5 Improve staff facilitation skills for Family Support Team Meetings.  Jeff Adams	Training curriculum	25.5.a Began offering 25 supplemental FST trainings to selected staff throughout state.	P-Feb 05 A-Feb 05	
						25.5.b Enhanced/Improved FST skill application for BASIC.	P-Feb 05 A-Feb 05	
						25.5.c Advanced FST skill application integrated into advanced Family-Centered Out-of-Home Service In-Service module.	P-May 06 A-	
						25.5.d Advanced FST skill application integrated into Advanced Family-Centered Service In-Service module.	P-Sep 06 A-	
Item 26: Process for 6-month case reviews		X	Baseline 62.8% (derived from average of 8 quarters in FY 2003 and 2004)  5 <sup>th</sup> Quarter performance = 57.8%  Goal 69% (Goal established through method described in Item 15 using Outcomes Report data).		Monitored through CD Outcomes Report Outcome #12: Children with Timely Completion of Permanency Planning Review within 30 Days and 6 Months.			P-Dec 2006  A-
				26.1 Revised current policy to clarify an Administrative Review and requirements  Susan Savage	Draft policy	26.1.a Developed draft policy clarifying administrative review requirements and procedures.	P-Feb 05 A-Jul 04	
						26.1.b Draft policy sent to policy review team and management.	P-Mar 05 A-Aug 04	
					Policy revision	26.1.c Feedback received and revisions made.	P-Apr 05 A-Aug 04	
					Policy disseminated	26.1.d New policy distributed to CD staff.	P-Jun 05 A-Aug 04	

Program Improvement Implementation								
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Outcome or Systemic Factors and Item(s) Contributing to Non-Conformity			Goal/Negotiated Measure/Percent of Improvement	Action Steps	Method of Measurement	Benchmarks Toward Achieving Goal	Dates of Achievement	
							Benchmark	Goal
	A	N/A						
				26.2 Recruit 3 <sup>rd</sup> party participants for Administrative Reviews	Volunteer list	26.2.a Circuit Managers recruited and trained a pool of qualified volunteers to participate in six month administrative reviews.	P-May 05 A-Nov 05	
				Cindy Wilkinson		26.2.b Circuit Managers scheduled and assigned individual reviewers to cases.	P-May 05 R-Mar 06 A-Mar 06	
				26.3 Increase ability to track 6 month Administrative Reviews separately from FSTs	System logic	26.3.a Met with MIS and developed system logic needed to add fields to SS-61.	P-Aug 04 A-Aug 04	
					CS-1 revision	26.3.b Revised the SS-61 to denote Administrative Review.	P-Jan 05 A-Aug 04	
					Revised form disseminated	26.3.c Revised form and instructions distributed to all CD staff.	P-Jan 05 A-Aug 04	
Item 27: Provides a process that ensures that each child in foster care under the supervision of the State has a permanency hearing in a qualified court or administrative body no later than 12 months from the date the child entered foster care and no less frequently than every 12 months thereafter.		X	Will extract data on most recent court date from ACTS system.  <i>Baseline established on March 31, 2005 86.3%. Goal=88.0%</i>  <b>LS 1-3 children on 4/30/06 = 94.1%</b>  <i>Goal Achieved</i>					P-Dec 2006  A-
				27.1 Improve access to legal representation for		27.1.a See P1.9.4.a		
						27.1.b See P1.9.4.b		

Program Improvement Implementation								
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							Benchmark	Goal
	A	N/A						
				CD.  Jim Harrison		27.1.c See P1.9.4.c		
						27.1.d See P1.9.4.d		
						27.1.e See P1.9.4.e		
						27.1.f See P1.9.4.f		
						27.1.g See P1.9.4.g		
				27.2 Implement training to develop testifying skills for CD staff.  Jeff Adams		27.2.a Current curriculum evaluated by Division of Legal Services.	P-Apr 05 A-Dec 04	
						27.2.b Obtained technical assistance from DLS, NRC and OSCA.	P-Jun 05 A-Jul 05	
					Curriculum modified	27.2.c Based on evaluation and technical assistance curriculum modified.	P-Oct 05 A-Oct 05	
						27.2.d Modified curriculum approved.	P-Dec 05 A-Dec 05	
					Training curriculum	27.2.e Modified curriculum incorporated into Basic and OJT for existing staff.	P-Mar 06 A-Mar 06	
				27.3 Increase the timeliness of 12 month Permanency Hearings  Cindy Wilkinson Kathryn Sapp		27.3.a See 27.2.a		
						27.3.b See 27.2.b		
						27.3.c See 27.2.c		
						27.3.d See 27.2.d		
						27.3.e See 27.2.e		
					Report on circuits where issues need to be addressed	27.3.f Collaborated with OSCA at the state level to ensure joint accountability for timely court hearings and identify circuits where CD and court issues needed to be addressed.	P-May 05 A-Jun 05	
					Workgroup participant list	27.3.g Developed on-going Court Issues workgroup to monitor timeliness of hearings.	P-June 05 A-Aug 05	
						27.3.h Developed local protocols between the court and CD offices to ensure timely hearings.	P-July 05 A-Aug 05	

Program Improvement Implementation								
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Outcome or Systemic Factors and Item(s) Contributing to Non-Conformity			Goal/Negotiated Measure/Percent of Improvement	Action Steps	Method of Measurement	Benchmarks Toward Achieving Goal	Dates of Achievement	
							Benchmark	Goal
	A	N/A						
					FST policy revision	27.3.i Revised Family Support Team policy to assure 12 month Permanency Hearing date is discussed and documented during team meeting.	P-Jul 05 A-Jul 05	
						27.3.j Incorporated new FST policy into BASIC and OJT training for existing staff.	P-Aug 05 R-Apr 06 A-Apr 06	
				27.4 Provide cross training to judiciary, court staff, GALs and Children's Division staff on ASFA & Permanency hearings consistent with state and federal regulations.  Jeff Adams		27.4.a See P1.7.4.a		
						27.4.b See P1.7.4.b		
						27.4.c See P1.7.4.c		
						27.4.d See P1.7.4.d		
						27.4.e See P1.7.4.e		
						27.4.f See P1.7.4.f		
Item 28: Provides a process for termination of parental rights proceedings in accordance with provisions of ASFA.		X	Baseline 83.4%  5 <sup>th</sup> Quarter PRR results = <b>89.8%*</b> <b>Goal achieved</b>  Goal 87.5% (Goal established is calculated by taking the average of 8 quarters performance in 2003 and 2004 and adding 5% of the average to measure improvement.)		Monitored through PRR V-14: TPR has occurred or been filed when the child has been in Out-of-Home Care for 15 of the most recent 22 months, or compelling reasons are documented.			P-Dec 2006  A-
				28.1 Improve access to legal representation for CD.		28.1.a See P1.9.4.a		
						28.1.b See P1.9.4.b		
						28.1.c See P1.9.4.c		



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Outcome or Systemic Factors and Item(s) Contributing to Non-Conformity			Goal/Negotiated Measure/Percent of Improvement	Action Steps	Method of Measurement	Benchmarks Toward Achieving Goal	Dates of Achievement	
							Benchmark	Goal
	A	N/A						
				Jim Harrison		28.1.d See P1.9.4.d 28.1.e See P1.9.4.e 28.1.f See P1.9.4.f 28.1.g See P1.9.4.g		
				28.2 Strengthen worker/supervisor skills in engaging families in the assessment, case planning and case plan review process to increase parent, caregiver (alternative care provider) and child involvement in case assessment, plan development and reassessment.  Kathryn Sapp		28.2.a See S2.3.2.a 28.2.b See S2.3.2.b 28.2.c See S2.3.2.c 28.2.d See S2.3.2.d 28.2.e See S2.3.2.e 28.2.f See S2.3.2.f		
				28.3 Termination of Parental Rights will be filed in a timely manner, except when compelling reasons are documented.  Cindy Wilkinson		28.3.a See P1.9.1a 28.3.b See P1.9.1.b 28.3.c See P1.9.1.c 28.3.d See P1.9.1.d 28.3.e See P1.9.1.e		
				28.4 Improve diligent search for relatives/parents  Bonnie Washeck		28.4.a See P1.6.2.a 28.4.b See P1.6.2.b 28.4.c See P1.6.2.c 28.4.d See P1.6.2.d		
				28.5 Collaborate with OSCA to amend 211.447 RSMo to ensure consistency	Draft proposal	28.5.a Proposal drafted.	P-Aug 05 A-Aug 05	
						28.5.b Written proposal reviewed by OSCA and the Department.	P-Oct 05 A-Aug 05	

Program Improvement Implementation								
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							Benchmark	Goal
	A	N/A						
				w/ASFA requirements regarding filing of TPR petitions w/in 60 days of a judicial determination that the child is an abandoned infant, or that no Reasonable Efforts are required.  Jim Harrison	Meeting agenda	28.5.c Meetings held between OSCA and the Department of Social Services to finalize proposal.	P-Nov 05 A-Aug 05	
					Draft legislation	28.5.d Advocated for proposed legislation.	P-Jun 06 A-	
Item 29: Provides a process for foster parents, re-adoptive parents, and relative caregivers of children in foster care to be notified of, and have an opportunity to be heard in, any review or hearing held with respect to the child.		X		29.1 Increase ability of foster parents to be notified of and heard in court.  Bonnie Washeck		29.1.a Implemented HB 1453.	P-Aug 04 A-Aug 04	
					Consumer survey	29.1.b Revised consumer surveys for foster parents, youth and bio parents to incorporate questions regarding notification of court hearings and opportunity to be heard in court.	P-Jun 05 A-Jun 05	
						29.1.c Emphasized to staff the importance of including correct names and addresses in court reports.	P-Mar 05 A-Apr 05	
					Cross training curriculum	29.1.d Comprehensive Child Welfare Training completed with OSCA.	P-May 05 A-May 05	
Item 30: Standards to assure quality services and ensure children's safety and health	X							
Item 31: Identifiable QA system that evaluates the	X							

Program Improvement Implementation								
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							Benchmark	Goal
	A	N/A						
quality of services and improvements								
Item 32: Provision of ongoing staff training that addresses the necessary skills and knowledge	X							
Item 33: Ongoing training for staff		X						
				33.1 Develop supervisory training for front line supervisors.  Jeff Adams		33.1.a Professional Development and Training collaborated with HRC for on-going supervisors training.	P-Feb 04	
					Training agenda	33.1.b Implemented Module Four of the CPS Supervisor Training Project.	A-Feb 04 P-Mar 04 A-Apr 04	
					Training agenda	33.1.c Implemented Module Five of the CPS Supervisor Training Project.	P-Jul 04 A-Aug 04	
					Training agenda	33.1.d Implemented Module Six of the CPS Supervisor Training Project.	P-Oct 04 A-Nov 04	
					Debriefing report	33.1.e CPS Supervisor Training Project Debriefing.	P-Dec 04 A-Dec 04	
					List of trainings offered	33.1.f HRC supervisor administrative pre-service training began for CD supervisors.	P-Dec 04 A-Nov 04	
					Curriculum developed	33.1.g Professional Development and Training completed development of new supervisor training curriculum/structure including initial and on-going training.	P-July 05 A-Jul 05	
						33.1.h Training curriculum reviewed and approved by CD management.	P-Aug 05 A-Aug 05	
						33.1.i Professional Development and Training selected one rural and one metro field test site.	P-Aug 05 A-Aug 05	

Program Improvement Implementation								
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							Benchmark	Goal
	A	N/A						
						33.1.j Professional Development and Training field tested curriculum in two test sites	P-Sep 05	
							A-Sep 05	
					Evaluation report	33.1.k Professional Development and Training evaluated field test results	P-Jan 06	
					Curriculum revised	33.1.l Professional Development and Training, revised curriculum based on evaluation	A-Jan 06	
						33.1.m Professional Development and Training implemented curriculum statewide.	P-Jun 06	
				33.2 Develop advanced in-service training module for investigations and assessments  Jeff Adams	Curriculum developed	33.2.a Professional Development and Training developed advanced in-service curriculum for investigators and assessors.	P-Oct 04	
						33.2.b CD administration approved advanced investigation and assessment in-service training module.	A-Sept 04	
					Training dates	33.2.c Professional Development and Training began training advanced investigation and assessment curriculum.	P-Jan 05	
					Curriculum revised	33.2.d Professional Development and Training evaluated advanced investigation and assessment training module and made revisions.	A-Sept 04	
						33.2.e Professional Development and Training implemented revised investigation and assessment advanced in-service training statewide.	P-June 05	
							A-June 05	
							P-Jul 05	
							A-Jul 05	
				33.3 Develop advanced in-service training module for Family- Centered	Workgroup participant list	33.3.a Professional Development and Training formed workgroup to develop Family-Centered Services advanced in-service training module.	P-Feb 04	
							A-Feb 04	

Program Improvement Implementation								
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Outcome or Systemic Factors and Item(s) Contributing to Non-Conformity			Goal/Negotiated Measure/Percent of Improvement	Action Steps	Method of Measurement	Benchmarks Toward Achieving Goal	Dates of Achievement	
							Benchmark	Goal
	A	N/A						
				Services Jeff Adams	Focus group report	33.3.b Professional Development and Training workgroup conducted focus groups for feedback on Family-Centered Service training needs.	P-Mar 04 A-Mar 04	
						33.3.c Professional Development and Training reviewed Family-Centered Service focus group feedback.	P-Mar 04 A-Mar 04	
					Curriculum developed	33.3.d Professional Development and Training developed advanced in-service curriculum for Family-Centered Services.	P-Aug 05 A-Aug 05	
						33.3.e CD administration approved advanced Family-Centered Services in-service training module.	P-Aug 05 A-Sep 05	
					Training dates	33.3.f Professional Development and Training began training advanced Family-Centered Services curriculum.	P-Sep 05 A-Oct 05	
					Curriculum revisions	33.3.g Professional Development and Training evaluated advanced Family-Centered Services training module and made revisions.	P-Mar 06 A-Feb 06	
						33.3.h Professional Development and Training implemented revised Family-Centered Services advanced in-service training statewide.	P-Sep 06 A-	
				33.4 Develop advanced in-service training module for Family-Centered Out-of-Home Care services Jeff Adams	Workgroup participant list	33.4.a Professional Development and Training formed workgroup to develop Family-Centered Out-of-Home Care Services advanced in-service training module.	P-Jun 04 A-Jun 04	
					focus group report	33.4.b Professional Development and Training workgroup conducted focus groups for feedback on Family-Centered Out-of-Home Care Services training needs.	P-Jul 04 A-Jul 04	

Program Improvement Implementation								
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Outcome or Systemic Factors and Item(s) Contributing to Non-Conformity			Goal/Negotiated Measure/Percent of Improvement	Action Steps	Method of Measurement	Benchmarks Toward Achieving Goal	Dates of Achievement	
							Benchmark	Goal
	A	N/A						
						33.4.c Professional Development and Training reviewed Family- Centered Out-of-Home Care Services focus group feedback.	P-Jul 04 A-Jul 04	
					Curriculum developed and reviewed	33.4.d Professional Development and Training developed advanced in-service curriculum for Family-Centered Out-of-Home Care Services and reviewed by OSCA.	P-Oct 05 A-Oct 05	
						33.4.e CD administration approved advanced Family- Centered Out-of-Home Care Services in-service training module.	P-Nov 05 A-Feb 06	
					Training dates	33.4.f Professional Development and Training began training advanced Family- Centered Out-of-Home Care Services curriculum in one metro and one rural site.	P-Dec 05 A-Feb 06	
					Curriculum revision	33.4.g Professional Development and Training evaluated advanced Family-Centered Out-of-Home Care Services training module and made revisions.	P-Mar 06 A-Mar 06	
						33.4.h Professional Development and Training implemented revised Family-Centered Out-of-Home Care Services advanced in-service training statewide.	P-May 06 A-	
				33.5 Enhanced On-The-Job (OJT) Training	Workgroup participant list	33.5.a Professional Development and Training and Children's Services Specialist formed OJT workgroup.	P-Mar 04 A-Mar 04	
				Jeff Adams	Evaluation tools developed	33.5.b Workgroup developed new evaluation tools for OJT activities.	P-Mar 05 A-Mar 05	
						33.5.c Children's Services Specialists provided enhanced OJT in field and served as clinical mentors/trainers for OJT.	P-June 05 A-Jun 05	

Program Improvement Implementation								
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							Benchmark	Goal
	A	N/A						
					Core team members	33.5.d Created a core team consisting of social work specialists, supervisors, workers and trainer to enhance the provision of On-the-Job Training (OJT).	P-Jan 06 A-Jan 06	
					List of core skills/competencies	33.5.e Identified core skills/competencies that CD will expect new staff to have after completing BASIC.	P-Apr 06 A-Apr 06	
					Skill guide	33.5.f Beginning skills guide to be developed for use by supervisors.	P-Apr 06 A-Apr 06	
						33.5.g Supervisors commented on the skills/guide list.	P-Jun 06 A-	
						33.5.h Skills guide modified after comment periods.	P-Jun 06 A-	
						33.5.i Skills guide/list available for statewide use by supervisors.	P-Aug 06 A-	
				33.6 Create training advisory Committee to annually assess needs and evaluate training  Jeff Adams	Advisory Committee participant list	33.6.a Professional Development and Training created state training advisory committee, including schools of social work.	P-Mar 05 R-Oct 06 A-	
					Mission statement	33.6.b Advisory committee developed a mission statement.	P-Apr 05 R-Oct 06 A-	
					Written assessment plan	33.6.c Advisory Committee developed a written plan for assessing training needs	P-May 05 R-Nov 06 A-	
					Written evaluation plan	33.6.d Advisory Committee developed a written plan for evaluating training needs	P-May 05 R-Nov 06 A-	
						33.6.e Plan submitted to CD administrators for approval	P-Jul 05 R-Dec 06 A-	
				33.7 Develop Child Abuse and Neglect Training (CA/N) Institute for CD staff	Committee participant list	33.7.a CA/N Training Institute Planning Partnership committee met to finalize topics and session content for upcoming three CA/N Training Institutes	P-Jan 04 A-Jan 04	

Program Improvement Implementation								
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							Benchmark	Goal
	A	N/A						
				Cindy Wilkinson	Training agenda	33.7.b Held first CA/N Training Institute Session	P-Apr 04 A-Jun 04	
					Training agenda	33.7.c Held second CA/N Training Institute	P-Nov 04 A-Nov 04	
					Training agenda	33.7.d Held third CA/N Training Institute	P-Feb 05 A-Feb 05	
				33.8 Provide training based on circuit specific needs  Jeff Adams	Circuit Self-Assessments	33.8.a Circuits completed Circuit Self-Assessments	P-Aug 04 A-Aug 04	
						33.8.b Circuits notified Professional Development and Training Unit of targeted training needs	P-Nov 04 A-Nov 04	
						33.8.c Professional Development and Training Unit to began providing targeted training to circuits based on identified need	P-Jan 05 A-Jan 05	
Item 34: Provision of training for caregivers and adoptive parents that parents addresses the necessary skills and knowledge	X							
Item 35: Service array		X						
				35.1 Increase access and availability to dental services  Bonnie Washeck		35.1.a See WB3.22.1.a		
						35.1.b See WB3.22.1.b		
						35.1.c See WB3.22.1.c		
						35.1.d SeeWB3.22.1.d		
						35.1.e SeeWB3.22.1.e		
				35.2 Increase the ability of staff and families to access Alcohol and Drug Abuse Services (ADA)	Curriculum developed	35.2.a Professional Development and Training developed Family Drug and Safety Training based in focus group information	P-Jan 04 A-Jan 04	
					Training agenda and date	35.2.b Presented Drug training to focus group	P-Feb 04 A-Feb 04	



Program Improvement Implementation								
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							Benchmark	Goal
	A	N/A						
				Jeff Adams	Field test training	35.2.c Field tested drug training in Southwest region	P-Jun 04 A-Jun 04	
					Training agenda	35.2.d Second field test conducted in Jefferson County	P-Nov 04 A-Nov 04	
					Curriculum revised	35.2.e Curriculum revised to reflect recommendations during field test, including target audiences and how many staff	P-Apr 05 A-Apr 05	
					Training dates and sites	35.2.f Completed three additional Family, Drugs and Safety trainings across the state.	P-Jun 06 A-	
				35.3 Increase availability of specialized foster homes for older youth, siblings, disabled and medically fragile children.  Cindy Wilkinson		35.3.a See P1.6.5.a		
						35.3.b See P1.6.5.b		
						35.3.c See P1.6.5.c		
						35.3.d See P1.6.5.d		
						35.3.e See P1.6.5.e		
				35.4 Increase availability of and access to parenting classes and family/parent aide services.  Bonnie Washeck	Circuit self-assessment	35.4.a Through circuit self-assessment, determined available parenting classes and family/parent aide services	P-Mar 05 A-Aug 04	
					CTS contracts	35.4.b Developed performance based CTS contracts for family/parent aide and parenting class service	P-Feb 06 A-Feb 06	
				35.5 Increase services to meet the needs of non-English speaking consumers. Kathryn Sapp	Circuit self-assessments	35.5.a Through circuit self-assessment, determined available interpretive services for non-English speaking clients	P-Mar 05 A-Aug 04	
					Recruitment plans	35.5.b Developed recruitment plan for multi/bilingual staff in circuits with identified need	P-May 05 A-Jul 05	

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							Benchmark	Goal
	A	N/A						
					Forms translated	35.5.c Made CD forms available in other languages (Spanish to accommodate growing Hispanic population)	P-Dec 05 A-Dec 05	
				35.6 Increase availability of transportation services.	Circuit self-assessment	35.6.a Available transportation services determined through circuit self-assessment.	P-Mar 05 A-Aug 04	
				Bonnie Washeck		35.6.b Recruited regional service organizations to provide transportation services.	P-May 05 A- Jul 05	
					CTS contracts	35.6.c Issued state-wide transportation contracts.	P-Mar 06 A-Feb 06	
Item 36: The services in item 35 are accessible to families and children in all political jurisdictions covered in the State's CFSP.		X						
				See Item 35, 1-6				
Item 37: The services in item 35 can be individualized to meet the unique needs of children and families served by the agency.		X						
				37.1 Increase access to existing services		See Item 35 1-6		
				37.2 Strengthen worker/supervisor skills in engaging families in the		37.2.a See S2.3.2.a		
						37.2.b See S2.3.2.b		
						37.2.c See S2.3.2.c		
						37.2.d See S2.3.2.d		

Program Improvement Implementation								
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							Benchmark	Goal
	A	N/A						
				assessment, case planning and case plan review process to increase parent, caregiver (alternative care provider) and child involvement in case assessment, plan development and reassessment.  Kathryn Sapp		37.2.e See S2.3.2.e 37.2.f See S2.3.2.f		
Item 38: Engages in ongoing consultation with critical stakeholders in developing the CFSP	X							
Item 39: Develops annual progress reports in consultation with stakeholders	X							
Item 40: Coordinates services with other federal programs	X							
Item 41: Standards for foster family and child care institutions	X							
Item 42: Standards are applied equally to all foster family and child care institutions	X							
Item 43: Conducts necessary criminal	X							

Program Improvement Implementation								
1			2	3	4	5	6	7
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							Benchmark	Goal
	A	N/A						
background checks.								
Item 44: Diligent recruitment of foster and adoptive families that reflect children's racial and ethnic diversity.		X						
				44.1 Increase the number of resource families.  Cindy Wilkinson		44.1.a See P1.6.5.a		
						44.1.b See P1.6.5.b		
						44.1.c See P1.6.5.c		
						44.1.d See P1.6.5.d		
						44.1.e See P1.6.5.e		
						44.1.f See P 2.12.3.a		
						44.1.g See P 2.12.3.b		
						44.1.h See P 2.12.3.c		
						44.1.i See P 2.12.3.d		
						44.1.j See P 2.12.3.e		
Item 45: Uses cross-jurisdictional resources to find placements	X							

**Children's Bureau  
Child and Family Services Reviews  
IV. Program Improvement Plan Matrix (PIP Matrix)**

State: Missouri

ACF Regional Office:

State contact and telephone: Lee Temmen, 573-526-3735    \_\_\_ Region I    \_\_\_ Region IV    X Region VII    \_\_\_ Region X

ACF Contact and telephone: Ann Burds, 816 426-2260    \_\_\_ Region II    \_\_\_ Region V    \_\_\_ Region VIII

Date and quarter submitted: August 29, 2006 – 6<sup>th</sup> Quarter    \_\_\_ Region III    \_\_\_ Region VI    \_\_\_ Region IX

Blue = under renegotiation

Gray = completed

A = Achieved

N/A = Not Achieved

**\*Performance derived using the average of pervious four quarters performance**

Program Improvement Implementation								
1			2	3	4	5	6	7
Outcome or Systemic Factors and Item(s) Contributing to Non-Conformity			Goal/Negotiated Measure/Percent of Improvement	Action Steps	Method of Measurement	Benchmarks Toward Achieving Goal	Dates of Achievement	
							Benchmark	Goal
	A	N/A						
<b>Safety Outcome S1:</b>								
<b>Item 1:</b> Timeliness of initiating investigations of reports of child maltreatment		X	Baseline 76.6% (derived from average of 8 quarters in FY 2003 and 2004)  <b>The Goal of achieving 80.4% has been met.</b>  Goal 80.4% (Goal established is calculated by taking the average of 8 quarters performance in 2003 and 2004 and adding 5% of the average to measure improvement.		Monitored through CD Outcomes Report Outcome #1: Improve timeliness of initial child contact.			Projected-Dec 2006  Actual-

Program Improvement Implementation								
1			2	3	4	5	6	7
Outcome or Systemic Factors and Item(s) Contributing to Non-Conformity			Goal/Negotiated Measure/Percent of Improvement	Action Steps	Method of Measurement	Benchmarks Toward Achieving Goal	Dates of Achievement	
							Benchmark	Goal
	A	N/A						
			Progress to be tracked quarterly over two year period from CD Outcomes Report).					
				S1.1.1 Clarify policy regarding timeliness of initiating reports of child maltreatment.  Kathryn Sapp		S1.1.1.a Refined definition of “initiating” reports.	P-Mar 05 A-Mar 05	
						S1.1.1.b Policy clarified regarding multi disciplinary team contact.	P- Mar 05 A-Mar 05	
						S1.1.1.c Policy clarified regarding face-to-face contact and determining safety of the child.	P-Mar 05 A-Mar 05	
					Policy issuance	S1.1.1.d Policy disseminated to all CD staff.	P-Mar 05 A-May 05	
				S1.1.2 Increase accuracy of data regarding initial contact.  Kathryn Sapp Susan Savage		S1.1.2.a Data system entry guidelines clarified for “initial contact”.	P-Aug 05 A-Aug 05	
						S1.1.2.b As determined, if needed by policy clarification, additional systems entry codes developed to capture accurate data.	P-Feb 06 A-Jan 06	
					PRR revised	S1.1.2.c Revised Peer Record review questions to assess accuracy of coding.	P-Sept 05 A-Oct 05	
					Quarterly PRR results	S1.1.2.d Circuit Managers and the assisting QA specialists monitor quarterly Peer Record results and make recommendations for improvements.	P-Ongoing quarterly A-Ongoing quarterly	
				S1.1.3 Study feasibility for alternative protocols for managing non CA/N referrals  Virginia Lewis-Brunk	Demographic data	S1.1.3.a CD/FSD assessed demographics for non CA/N referrals.	P-Apr 04 A-Apr 04	
					Protocol written	S1.1.3.b Protocol written for screening and assigning non CA/N referrals for test sites in Jackson, Clay and Platte Counties.	P-May 04 A-May 04	
					Training agenda	S1.1.3.c Training provided to CD/FSD workers and supervisors regarding new protocol for testing.	P-May 04 A-May 04	

Program Improvement Implementation								
1			2	3	4	5	6	7
Outcome or Systemic Factors and Item(s) Contributing to Non-Conformity			Goal/Negotiated Measure/Percent of Improvement	Action Steps	Method of Measurement	Benchmarks Toward Achieving Goal	Dates of Achievement	
							Benchmark	Goal
	A	N/A						
						S1.1.3.d Launched a non CA/N referral alternate response process in Jackson, Clay and Platte Counties.	P-Jul 04 A-Jul 04	
					Pilot data	S1.1.3.e Convened workgroup to evaluate CD/FSD pilot for non CA/N referrals.	P-Jan 05 A-Jan 05	
					Recommendations report	S1.1.3.f Workgroup to provide recommendations for modifications of non CA/N referral protocol and test site continuation.	P-Apr 05 A-Apr 05	
					Recommendation Plan	S1.1.3.g Recommendation plans finalized.	P-Apr 05 A-Apr 05	
					Implementation plan	S1.1.3.h Implementation plans finalized to implement in target areas	P-Aug 05 A-Apr 05	
				S1.1.4 Develop improvement plan to respond timely to reports of maltreatment  Kathryn Sapp	Circuit self-assessments	S1.1.4.a Circuit level assessment to evaluate CA/N response completed.	P-Oct 04 A-Aug 04	
					Established protocol	S1.1.4.b Local protocol for CA/N response established.	P-Mar 05 A-Mar 05	
					Implemented protocol	S1.1.4.c Implemented local protocol for improvement of maltreatment.	P-Apr 05 A-Apr 05	
						S1.1.4.d Monitored the improved timeliness of initial child contact.	P-Jul 05 A-Jul 05	
				S1.1.5 Call Management and Structured Decision Making (SDM) Protocols Implemented at the Child Abuse and Neglect Hotline Unit (CA/N HU) to provide consistent screening and classification of calls received.  Charlotte Gooch	Protocols developed	S1.1.5.a Began development of SDM and Call Management protocols for CA/N HU.	P-Dec 03 A- Dec 03	
						S1.1.5.b Incorporated SDM and Call management protocols into CA/N HU process.	P-Apr 04 A-Apr 04	
					Training agenda	S1.1.5.c Remaining CA/N HU staff trained on protocols and using call management system.	P-Aug 04 A-Aug 04	
					CA/N HU Supervisory Review Tool developed	S1.1.5.d CA/N HU Supervisory Review tool developed to assess quality.	P-Sept 05 A-Sept 05	
						S1.1.5.e CA/N Hotline protocols automated.	P-Sept 05 A-Jun 05	

Program Improvement Implementation								
1			2	3	4	5	6	7
Outcome or Systemic Factors and Item(s) Contributing to Non-Conformity			Goal/Negotiated Measure/Percent of Improvement	Action Steps	Method of Measurement	Benchmarks Toward Achieving Goal	Dates of Achievement	
							Benchmark	Goal
	A	N/A						
					PRR revision	S1.1.5.f Added CA/N HU section to the Peer Record Review tool.	P-Sept 05 A-Oct 05	
					PRR tool analysis. On going data collected and reviewed quarterly.	S1.1.5.g Collected and analyzed PRR tool results for practice enhancements. Analysis.	P-Jan 2006 Ongoing Quarterly A- Jan 06 Quarterly	
				S1.1.6 Revised policy relating to non CA/N referrals (M,P,N) given the division's need to better address its core functions and statutory mandates, with existing available resources.  Kathryn Sapp		S1.1.6.a Defined what statutory core functions are.	P-Dec 05 A-Dec 05	
					Draft plan	S1.1.6.b Developed proposed plan for information dissemination on practice changes regarding non CA/N calls.	P- Dec 05 A-Dec 05	
					Consult with NRC-CPS	S1.1.6.c Consulted with National Resource Center on Child Protective Services regarding non CA/N referrals.	P-Feb 06 A-Nov 05	
						S1.1.6.d Shared proposed plan with Regional Directors.	P-Apr 06 A-Apr 06	
					Modified plan	S1.1.6.e Modified proposed plan, if needed, based on recommendations of the Regional Director	P-May 06 A-May 06	
						S1.1.6.f Shared proposed plan with CJA taskforce.	P-Jun 06 A-Jun 06	
					CJA recommendations	S1.1.6.g Shared CJA taskforce recommendations with CD administration.	P-Jul 06 A-Jul 06	
					Policy developed	S1.1.6.h Policy changed for CANHU on the screening process for non CA/N calls, if needed.	P-Aug 06 A-	
					Training agenda	S1.1.6.i If needed, training provided to CANHU staff on modified protocol changes.	P-Sep 06 A-	
					Notification letter	S1.1.6.j Notified known mandated reporters and other professional organizations on practice changes.	P- Oct 06 A-	
					Disseminate policy	S1.1.6.k Disseminate policy changes to all staff.	P-Nov 06 A-	



Program Improvement Implementation								
1			2	3	4	5	6	7
Outcome or Systemic Factors and Item(s) Contributing to Non-Conformity			Goal/Negotiated Measure/Percent of Improvement	Action Steps	Method of Measurement	Benchmarks Toward Achieving Goal	Dates of Achievement	
							Benchmark	Goal
	A	N/A						
<b>Item 2: Repeat maltreatment</b>  <b>Recurrence of Maltreatment:</b>  Of all children who were victims of a substantiated or indicated maltreatment report in the first six months of the fiscal year, what percent were victims of another substantiated or indicated report within a 6 month period		X	CA/N Recidivism Nat'l Standard 6.1 % or less MO FFY 2003 NCANDS Baseline 8.3%  NCANDS Goal 7.4% (Based on Federal formula for goal setting  6th quarter average performance= 4.6% based on quarterly Outcome Report not NCANDS. NCANDS data not available quarterly					P-Dec 2006  A-Sept 2005
				S1.2.1 Ensure consistent and accurate completion of SDM safety and risk assessment.  Kathryn Sapp Cindy Wilkinson	PRR revision  Training curriculum  Training agenda  Evaluation Report  In-service training agenda	S1.2.1.a Incorporated SDM safety and risk assessment questions into Peer Record Review Tool.  S1.2.1.b Modified BASIC training curriculum and ongoing training curriculum based on PRR results.  S1.2.1.c Conducted initial in-service training with CD and court staff.  S1.2.1.d Evaluated SDM Peer Record Review Outcomes.  S1.2.1.e Convene workgroup to finalize SDM review tool and instruction to field.  S1.2.1.f Instruct field staff to review 10% of cases using SDM review tool.	P-Jan 04 A-Feb 04  P-Feb 04 A-Mar 04  P-Jun 04 A-Jun 04  P & A-On-going & quarterly  P-Feb 05 A-Dec 04  P-Apr 05 A-Apr 05	

Program Improvement Implementation								
1			2	3	4	5	6	7
Outcome or Systemic Factors and Item(s) Contributing to Non-Conformity			Goal/Negotiated Measure/Percent of Improvement	Action Steps	Method of Measurement	Benchmarks Toward Achieving Goal	Dates of Achievement	
							Benchmark	Goal
	A	N/A						
						S1.2.1.g Evaluate results of review, identify circuits whose needs are more imminent for the training.	P-Jul 05 A-Jul 05	
						S1.2.1.h As needed, provided training to circuits identified with imminent need.	P-Sep 05 ongoing A-Sep 05	
<b>Incidence of Child Abuse and/or Neglect in Foster Care:</b>  Of all children who were in foster care during the reporting period of the fiscal year, what percent experienced maltreatment from foster parents or facility staff members?			CA/N in AC Nat'l Standard 0.57% or less  MO FFY 2003 NCANDS Baseline 0.37%  <b>Goal Achieved</b>					P-Jan 2007  A-
				S1.2.2 Implementation of "Confirming Safe Environments" (CSE) process.  Susan Savage	Training agenda	S1.2.2.a All staff trained in CSE process in test sites of Pettis, Cooper, and Greene.	P-Jul 04 A-Jul 04	
					Training agenda	S1.2.2.b Trained one Out-of-Home Unit on CSE in St. Louis City.	P-Jul 04 A-Jul 04	
						S1.2.2.c In-house expertise developed for training	P-Dec 04 A-Dec 04	
					Evaluation report	S1.2.2.d Central Office staff summarized test site implementation in Pettis, Cooper and Greene for Child Protection	P-Mar 05 A-Mar 05	
					Review of CSE curriculum	S1.2.2.e Strengths in summary and CSE curriculum identified by Visitation Workgroup.	P-Aug 05 A-Aug 05	

Program Improvement Implementation								
1			2	3	4	5	6	7
Outcome or Systemic Factors and Item(s) Contributing to Non-Conformity			Goal/Negotiated Measure/Percent of Improvement	Action Steps	Method of Measurement	Benchmarks Toward Achieving Goal	Dates of Achievement	
							Benchmark	Goal
	A	N/A						
					Workgroup recommendations report	S1.2.2.f. Visitation Workgroup presented recommendations on enhancing visitation and safety policies throughout the continuum of services to Executive staff.	P-Nov 05 A-Nov 05	
						S1.2.2.g. Executive staff met to approve recommendations.	P-Jan 06 A-Jan 06	
						S.1.2.2.h. Central Office staff met to begin addressing policy assignments.	P-Feb 06 A-Feb 06	
						S1.2.2.i Developed safety policy regarding assessment of safety at and throughout placement.	P-Apr 06 A-Apr 06	
					Meeting notes	S1.2.2.j Staff Training and Development met to discuss incorporating Visitation Workgroup recommendations into training for staff and foster parents	P-Apr 06 A-Apr 06	
					Policy memo	S1.2.2.k Policy memo disseminated to staff.	P-May 06 A-May 06	
					Training plan	S1.2.2.l Training began on policy enhancements to new and existing staff.	P-Jul 06 A-Jul 06	
				S1.2.3 Strengthen policy regarding assessment of safety at and throughout placement.  Cindy Wilkinson	Convened Visitation workgroup	S1.2.3.a Visitation Workgroup convened to review current visitation and safety policy.	P-May 05 A-May 05	
					Workgroup Recommendations	S1.2.3.b Visitation Workgroup presented recommendations on enhancing visitation and safety policies throughout the continuum of services to Executive staff.	P-Nov 05 A-Nov 05	
					Draft policy	S1.2.3.c Developed safety policy regarding assessment of safety at and throughout placement.	P-Apr 06 A-Apr 06	

Program Improvement Implementation								
1			2	3	4	5	6	7
Outcome or Systemic Factors and Item(s) Contributing to Non-Conformity			Goal/Negotiated Measure/Percent of Improvement	Action Steps	Method of Measurement	Benchmarks Toward Achieving Goal	Dates of Achievement	
							Benchmark	Goal
	A	N/A						
						S1.2.3.d Staff Training and Development met to discuss incorporating Visitation Workgroup recommendations into training for staff and foster parents.	P-Apr 06 A-Apr 06	
					Policy disseminated	S1.2.3.e Policy disseminated.	P- May 06 A-June 06	
						S1.2.3.f Training began on policy enhancements to new and existing staff	P-Jul 06 A-Jul 06	
				S1.2.4 Practice Enhancement Teams (PET) assist Circuit Managers in development of improvement strategies to reduce repeat maltreatment and CA/N in foster care.  Bonnie Washeck		S1.2.4.a Developed PET roles and responsibilities.	P-Feb 05 A-Feb 05	
					Organizational Chart	S1.2.4.b PET teams developed.	P-Mar 05 A-Mar 05	
					Current data on repeat maltreatment	S1.2.4.c Convened PET teams to review Circuit Self-Assessments in the areas of repeat maltreatment and CA/N in foster care.	P-Apr 05 A-Apr 05	
					List of strategies –	S1.2.4.d PET teams and Circuit Managers developed improvement strategies.	P-May 05 A-Jul 05	
					Program improvement plans developed	S1.2.4.e Program improvement plans implemented by Circuit Managers and staff.	P-Aug 05 A-Aug 05	
				S1.2.5. Strengthen policy and practice relating to chronic neglect and accumulation of harm.  Kathryn Sapp	Analysis report	S1.2.5.a Statewide analysis of families with multiple reports completed by CD and Institute of Applied Research (IAR).	P-June 04 A-Feb 04	
					Waiver application	S1.2.5.b Submit revised Title IV-E waiver application for Chronic Neglect pilot.	P-Jan 05 A-May 05	
					Training curriculum	S1.2.5.c Training Curriculum for pilot sites developed regardless of waiver outcome.	P-July 05 A-Jun 05	

Program Improvement Implementation								
1			2	3	4	5	6	7
Outcome or Systemic Factors and Item(s) Contributing to Non-Conformity			Goal/Negotiated Measure/Percent of Improvement	Action Steps	Method of Measurement	Benchmarks Toward Achieving Goal	Dates of Achievement	
							Benchmark	Goal
	A	N/A						
						S1.2.5.d Three pilot sites selected (Jasper, McDonald and Newton counties) based on negotiations with Federal partners.	P-July 05 A-Jun 05	
					Training agenda	S1.2.5.e Pilot sites trained by FCS consultants.	P-Jul 05 A-Jun 05	
					IAR Screening Tool	S1.2.5.f Used IAR's screening tool to determine if families meet the CN criteria.	P-Nov 05 A-Oct 05	
					Tracking tool	S1.2.5.g Developed a tool for manual tracking of CN families to be utilized throughout pilot	P-Feb 06 R-May 06 A-May 06	
						S1.2.5.h Met with Regional and Circuit administrators to strategize about next steps and community forum.	P-Jun 06 A-Jun 06	
						S1.2.5.i Held community forum to gain support from stakeholder.	P-Jul 06 R-Aug 06 A-	
						S1.2.5.j Initiated pilot.	P-Aug 06 R-Oct 06 A-	
					Evaluation report	S1.2.5.k CD staff evaluated short term output of pilot effectiveness.	P-Jan 07 A-	
				S1.2.6 Develop performance-based contract for foster parents Bonnie Washeck	Licensing rules	S1.2.6.a Incorporated HB 1453 legislation regarding the Professional Family Development Plan (PFDP) into Licensing rules.	P-May 05 A-May 05	
						S1.2.6.b Identified the performance based criteria required for the PFDP.	P-Aug 05 A-Oct 05	
						S1.2.6.c Informed foster parents of PFDP criteria at assessment and reassessment	P-Aug 05 ongoing A-Oct 05	
					Memo	S1.2.6.d Identify plan to inform CD staff of new requirements for foster parents.	P-Nov 05 A-Apr 06	

Program Improvement Implementation								
1			2	3	4	5	6	7
Outcome or Systemic Factors and Item(s) Contributing to Non-Conformity			Goal/Negotiated Measure/Percent of Improvement	Action Steps	Method of Measurement	Benchmarks Toward Achieving Goal	Dates of Achievement	
							Benchmark	Goal
	A	N/A						
					Training agenda	S1.2.6.e Trained CD staff on PFDP and how to assist family in developing and implementing the plan.	P-Feb 06 A-Mar 06	
						S1.2.6.f Identified resources for foster families to use to successfully implement PFDP.	P-Mar 06 A-Mar 06	
						S1.2.6.g Initiated PFDP for all new and reassessed foster parents.	P-May 06 A-May 06	
<b>Safety Outcome S2:</b>								
<b>Item 3:</b> Services to family to protect child(ren) in home and prevent removal		X	Baseline 89.4%  6th quarter average PRR performance = 88.0 %  Goal 90.3% (Goal established is calculated by taking the average of 8 quarters performance in 2003 and 2004 and adding 1% of the average to measure improvement.)		Peer Record Review (PRR) IV-13. Services being provided to the family are adequate to meet their needs as identified in the assessment.  (Previous measure used was IV-15).			P-Dec 2006  A-
				S2.3.1 Improve family assessment and case plan tools to better link service provision to the needs of the family identified in the initial and ongoing assessments; include a mechanism for family self-assessment and	Draft of CD-14	S2.3.1.a CD-14 family assessment tool field test initiated in Circuit 2.	P-Sep 04 A-Sep 04	
						S2.3.1.b CD-14 family assessment tool field test expanded to other sites.	P-May 05 A-Feb 05	
					Evaluation report	S2.3.1.c Results of field test evaluated and analyzed by staff and work group.	P-Jun 05 A-Mar 05	
					Revised CD-14	S2.3.1.d Revised CD-14 as needed.	P-Jul 05 A-Apr 05	
						S2.3.1.e Recommendations regarding changes made.	P & A On-going	

Program Improvement Implementation								
1			2	3	4	5	6	7
Outcome or Systemic Factors and Item(s) Contributing to Non-Conformity			Goal/Negotiated Measure/Percent of Improvement	Action Steps	Method of Measurement	Benchmarks Toward Achieving Goal	Dates of Achievement	
							Benchmark	Goal
	A	N/A						
				identified areas <b>specifically</b> related to child safety and risk concerns (to be completed concurrently with S2.3.2)  Kathryn Sapp	Policy issuance	S2.3.1.f Policy issued with new documents and instructions.	P-Oct 05 R-Jan 06 A-Dec 05	
					Training	S2.3.1.g Training of existing staff completed.	P-Jan 06 A-Feb 06	
						S2.3.1.h Incorporated changes into BASIC training.	P-Jan 06 A-Feb 06	
				S2.3.2 Strengthen worker/supervisor skills in engaging families in the assessment, case planning and case plan review process to increase parent, caregiver (alternative care provider) and child involvement in case assessment, plan development and reassessment.  Bonnie Washeck		S2.3.2.a Conducted focus groups (workers, supervisors, circuit managers and consumers) in four circuits (circuits 1, 2, 10, 41) to identify clinical support needs.	P-Aug 04  A-Aug 04	
					Supplemental Supervisory Training	S2.3.2.b Focus group results compiled and used for supplemental supervisory training.	P-Oct 04 A-Oct 04	
					Training curriculum developed and began	S2.3.2.c Training curriculum developed and supplemental FST training began.	P-Feb 05 A-Feb 05	
						S2.3.2.d Up to twenty sessions of Supplemental Supervisory training for all Supervisor I's began.	P-Feb 05 A-Mar 05	
					Training agenda and summary of feedback	S2.3.2.e Training provided for existing staff and feedback solicited from trainees on training.	P-Oct 05 A-Oct 05	
					Survey results and circuit improvement plans	S2.3.2.f PET teams annually analyzed family satisfaction survey data and PDR results for improvement with the expectation that circuits develop methods to improve.	P-Nov 05 annually R-Apr 06 A-Apr 06	
				S2.3.3 Improve supervisory capacity to monitor enhanced practice relating to case planning.		S2.3.3.a Reviewed existing supervisory case review tools.	P-May 05 A-May 05	
					Draft of tool	S2.3.3.b Created draft standardized supervisory case review tool.	P-June 05 A-Sep 05	

Program Improvement Implementation								
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							Benchmark	Goal
	A	N/A						
				Susan Savage		S2.3.3.c Supervisory case review tool field tested by selected supervisors.	P-Sept 05 A-Sep 05	
					Feedback summary	S2.3.3.d Feedback from field testing reviewed by review team.	P-Jan 06 A-Dec 05	
					Tool revision	S2.3.3.e Supervisory case review tool revised as needed.	P-Jan 06 A-Jan 06	
					Protocol established and manual revision	S2.3.3.f Protocol for supervisory case review established and manual revisions made.	P-Jan 06 A-Jan 06	
						S2.3.3.g System automation completed for supervisory case review tool.	P-Feb 06 R-Jul 06 A-Jul 06	
					Policy disseminated and implemented	S2.3.3.h Supervisory case review tool and protocols approved and distributed for statewide use.	P-Feb 06 R-Jul 06 A-Jul 06	
				S2.3.4 Establish procedures to access various service funding streams. Bonnie Washeck		S2.3.4.a Developed service access funding grid and guidelines.	P-Aug 05 A-Aug 05	
					Guidelines distributed	S2.3.4.b Distributed service access funding grid and guidelines to all staff.	P-Sept 05 A-Feb 06	
				S2.3.5. Per new legislation, develop state comprehensive children's mental health plan to increase level of cooperation between court, mental health, child welfare and families.  Jim Harrison		S2.3.5.a Barriers identified for children needing mental health services.	P-Jan 05 A-Jan 05	
						S2.3.5.b Funding mechanisms established for providing mental health services.	P-Jan 05 A-Jan 05	
					Coordination plan	S2.3.5.c Plan developed for coordination of resources from multiple agencies.	P-Jan 05 A-Jan 05	
						S2.3.5.d Evaluation methodology established.	P-Jan 05 A-Jan 05	
					Report submission	S2.3.5.e Report with recommendations submitted to legislators and governor.	P-Jan 05 A-Jan 05	



Program Improvement Implementation								
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							Benchmark	Goal
	A	N/A						
Item 4: Risk of harm to child(ren)		X			PRR IV-13 was removed as a measure for this item per 4 <sup>th</sup> quarter renegotiation.			P-Dec 2006 A-
				S2.4.1 Ensure consistent and accurate completion of SDM safety and risk assessment.  Cindy Wilkinson	SDM Review Tool	S2.4.1.a See S1.2.1.a S2.4.1.b See S1.2.1.b S2.4.1.c See S1.2.1.c S2.4.1.d See S1.2.1.d S2.4.1.e See S1.2.1.e S2.4.1.f See S1.2.1.f S2.4.1.g See S1.2.1.g S2.4.1.h See S1.2.1.h		
				S2.4.2 Implementation of “Confirming Safe Environments” process.  Susan Savage		S2.4.2.a See S1.2.2.a S2.4.2.b See S1.2.2.b S2.4.2.c See S1.2.2.c S2.4.2.d See S1.2.2.d S2.4.2.e See S1.2.2.e S2.4.2.f See S1.2.2.f S2.4.2.g See S1.2.2.g S2.4.2.h See S1.2.2.h S2.4.2.i See S1.2.2.i S2.4.2.j See S1.2.2.j S2.4.2.k See S1.2.2.k S.2.4.2.l See S1.2.2.l		
				S2.4.3 Implement enhanced background screening for foster/kinship and court ordered providers.	Policy disseminated	S2.4.3.a Policy for enhanced background screening implemented statewide.	P-Aug 04 A-Aug 04	
						S2.4.3.b Policy updates and supervisory consultations with existing staff.	P-Aug 04 A-Aug 04	

Program Improvement Implementation								
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							Benchmark	Goal
	A	N/A						
				Cindy Wilkinson		S2.4.3.c Incorporated enhanced background screening into on-going STARS and BASIC training.	P-Nov 04 A-Nov 04	
				S2.4.4 Development of "Culture of Care Initiative" for improving safety and nurturance of children in a residential care setting.  Fred Proebsting	Committee member list	S2.4.4.a Work committees formed with volunteers from residential sites to develop curriculum.	P-Jan 04 A-Jan 04	
					Curriculum	S2.4.4.b Curriculum Drafted.	P-Mar 04 A-Mar 04	
						S2.4.4.c Curriculum approved by CD administration.	P-May 04 A-May 04	
						S2.4.4.d Roundtables held with CEO's to discuss curriculum.	P-Jul 04 A-Jul 04	
					Training agenda	S2.4.4.e NRC Train-the-Trainers session held/2 days in KC and St. Louis for residential licensed providers.	P-Aug 04 A-Aug 04	
						S2.4.4.f Measured through a reduction of the number of preponderance of evidence reports received by the residential treatment facilities.	P-Ongoing A-Ongoing	
				S2.4.5 Improve family assessment and case plan tools to better link service provision to the needs of the family identified in the initial and ongoing assessments; include a mechanism for family self-assessment and identified areas <b>specifically</b> related to child safety and risk concerns.  Kathryn Sapp		S2.4.5.a See S2.3.1.a		
						S2.4.5.b See S2.3.1.b		
						S2.4.5.c See S2.3.1.c		
						S2.4.5.d See S2.3.1.d		
						S2.4.5.e See S2.3.1.e		
						S2.4.5.f See S2.3.1.f		
						S2.4.5.g See S2.3.1.g		
						S2.4.5.h See S2.3.1.h		

Program Improvement Implementation								
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Outcome or Systemic Factors and Item(s) Contributing to Non-Conformity			Goal/Negotiated Measure/Percent of Improvement	Action Steps	Method of Measurement	Benchmarks Toward Achieving Goal	Dates of Achievement	
							Benchmark	Goal
	A	N/A						
<b>Permanency Outcome 1</b>								
<b>Item 5</b>	X		Passed CFSR On-site review and 2002 AFCARS					
<b>Item 6:</b> Stability of foster care placement		X	Stability in foster care. Nat'l Standard 86.7% or more  6th quarter performance based on quarterly outcomes report = 76.6%* not AFCARS formula. AFCARS data not available. MO FFY 2003 78.6% AFCARS Goal 80.5% (Based on Federal formula for goal setting). Data profile: 8-3-06 Rolling yr. end 3/31/06 for stability = 81.5%					P-Dec 2006  A-
				P1.6.1 Increase system capacity to accurately track placement kinship vendor types.  Lesley Pettit		P1.6.1.a Logic created to track additional placement types 1) Kin, Related, Not licensed 2) Kin, Non-related, Not licensed 3) Kin, Non-related, Licensed.  P1.6.1.b Coding changes in Legacy completed.  Policy disseminated	P-Mar 05  A-Feb 05  P-May 05 A-May 05  P-Aug 05 A-Sep 05	

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Outcome or Systemic Factors and Item(s) Contributing to Non-Conformity			Goal/Negotiated Measure/Percent of Improvement	Action Steps	Method of Measurement	Benchmarks Toward Achieving Goal	Dates of Achievement	
							Benchmark	Goal
	A	N/A						
					Data converted	P1.6.1.d Staff will convert existing data to reflect accurate placement types.	P-Dec 05	
					Quarterly Outcome Report	P1.6.1.e Coding changes to be reflected in Quarterly Outcome Report.	A-Feb 06 P-Apr 06 A-Mar 06	
				P1.6.2 Improve diligent search for relatives/missing parents.  Bonnie Washeck		P1.6.2.a Potential explored for CD staff to access existing diligent search mechanisms.	P-Jul 04 A-Jul 04	
					Procedure disseminated	P1.6.2.b Diligent search procedure developed, distributed, and monitored through supervisory oversight.	P-Aug 04 A-Aug 04	
						P1.6.2.c Established agreements, as necessary, with other state agencies (possibly through Family Support Division and OSCA) to enhance access to state databases as mechanisms for diligent search.	P-Mar 05 A-Apr 05	
					Quarterly outcome reports	P1.6.2.d CD staff utilize enhanced diligent search mechanism and monitored through supervisory oversight.	P-Apr 05 A-Apr 05	
				P1.6.3 Expand use of family support team meetings to promote stability in alternative care placements  Kathryn Sapp Cindy Wilkinson	Plan disseminated	P1.6.3.a Plan written and disseminated for HB 1453 requirement of a FST prior to or immediately after an impending move.	P-Aug 04 A-Aug 04	
						P1.6.3.b Made ACTS system changes to track FSTs held prior to or immediately after a move.	P-Aug 04 A-Aug 04	
						P1.6.3.c Central Office staff provided training to regional staff on HB 1453 requirements	P-Aug 04 A-Aug 04	
						P1.6.3.d Regional staff provided localized training to existing staff on HB 1453 requirement	P-Sep 04 A-Sep 04	

Program Improvement Implementation								
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							Benchmark	Goal
	A	N/A						
						P1.6.3.e Policy incorporated into BASIC training.	P-Dec 04	
					PRR	P1.6.3.f Updated PRR to assure pre-placement FSTs.	A-Dec 04 P-Feb 05 A-Mar 05	
				P1.6.4 Identify resource family types and shortages  Cindy Wilkinson	Circuit data	P1.6.4.a Resource and recruitment contractors worked with circuits to determine resource family needs.	P-Mar 05 A-Apr 05	
					Circuit management plan	P1.6.4.b Recruitment plan targeting resource families written into a circuit management plan to address identified need.	P-May 05 A-Jul 05	
					Contract extension	P1.6.4c Extended current Foster Care/Adoption Resource Services contract	P-Nov 05 A-Nov 05	
					Circuit progress reports	P1.6.4d Circuit reported quarterly progress on recruitment activities	P-Feb 06 A-Feb 06	
					NRC Technical Assistance plan	P1.6.4e Consulted with the National Resource Center for Family Centered Practice and Permanency Planning regarding recruitment of resource families.	P-Mar 06 A-Jan 06	
				P1.6.5 Increase number of resource families  Cindy Wilkinson	Recruitment and retention plan developed	P1.6.5.a Recruitment and retention plan for foster home serving older youth implemented through Chafee program.	P-Jun 04 A-Jun 04	
					Adopt US Kids campaign	P1.6.5.b Implemented Adopt US Kids campaign.	P-Jul 04 A-Jul 04	
					Request for Proposal	P1.6.5.c RFP written and released for performance based case management contracts (PBC).	P-Apr 05 A-Apr 05	
					Award letters	P1.6.5.d Awarded PBC contracts.	P-Jun 05 A-Jun 05	
						P1.6.5.e PBC Case Management Services began	P-Sep 05 A-Sep 05	

Program Improvement Implementation								
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Outcome or Systemic Factors and Item(s) Contributing to Non-Conformity			Goal/Negotiated Measure/Percent of Improvement	Action Steps	Method of Measurement	Benchmarks Toward Achieving Goal	Dates of Achievement	
							Benchmark	Goal
	A	N/A						
					Contract extension	P1.6.5.f Extended current Foster Care/Adoption Resource Services contract.	P-Nov 05 A-Nov 05	
					ACTS data report	P1.6.5.g Quarterly report on PBC contractors' performance on stated child outcome on safety, permanency, and stability.	P-Feb 06 quarterly A-Feb 06	
					NRC Technical Assistance plan	P1.6.5.h Consulted with the National Resource Center for Family Centered Practice and Permanency Planning regarding recruitment of resource families.	P-Mar 06 A-Jan 06	
					Annual report	P1.6.5.i Annual report to General Assembly regarding PBC regarding case management, recruitment and training outcomes.	P-Jul 06 annually A-Jul 06	
				P1.6.6 Increase placement stability by improving matching capabilities for children in out-of-home settings.  Cindy Wilkinson		P1.6.6.a Consulted with the National Resource Center for Family Centered Practice and Permanency Planning regarding "critical" factors in placement stability.	P-Mar 06 A-Jan 06	
					Survey results	P1.6.6.b Surveyed resource families to gather information regarding placement stability.	P-May 06 A-May 06	
						P1.6.6.c Developed a placement matching tool designed for use in team decision making.	P-Oct 06 A-	
					Matching tool developed disseminated	P1.6.6.d Tool disseminated with instructions.	P-Nov 06 A-	
						P1.6.6.e Tool incorporated into BASIC training and supervisory oversight provided to existing staff.	P-Dec 06 A-	
				P1.6.7 Evaluate support and training provided for relative/kinship	Survey	P1.6.7.a Surveyed current relative caregivers on the adequacy of the Caregiver who Knows the Child training curriculum.	P-Dec 05 A-Feb 06	

Program Improvement Implementation								
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Outcome or Systemic Factors and Item(s) Contributing to Non-Conformity			Goal/Negotiated Measure/Percent of Improvement	Action Steps	Method of Measurement	Benchmarks Toward Achieving Goal	Dates of Achievement	
							Benchmark	Goal
	A	N/A						
				resource families	Analysis report	P1.6.7.b Data Collected and analyzed.	P-Feb 06 A-Apr 06	
				Cindy Wilkinson Jeff Adams	Curriculum revision	P1.6.7.c Based on curriculum modifications, training <del>xx</del> to began to be delivered to newly licensed relative/kinship providers.	P-Sep 06 A-	
<b>Item 7:</b> Permanency goal for child		X	Baseline 85.9%  6th quarter PRR results = 83.6%  Goal 90.2% (Goal established is calculated by taking the average of 8 quarters performance in 2003 and 2004 and adding 5% of the average to measure improvement.)		PRR V-12 The permanency plan was developed and it includes options for concurrent planning.			P-Dec 2006  A-
				P1.7.1 Ensure the frequency and timeliness of Family Support Team Meetings occurs per policy Kathryn Sapp Cindy Wilkinson	Circuit Self Assessment	P1.7.1.a Circuit Managers analyzed FST frequency data through circuit self assessment.	P-Aug 04 A-Aug 04	
					Corrective action plans	P1.7.1.b Initiated corrective action when data falls below goal set in strategic plan.	P-Feb 05 A-Apr 05	
					Quarterly data reports	P1.7.1.c Circuit Managers assisted by PET monitored frequency data	P & A- Ongoing quarterly	
				P1.7.2 Improve quality of Family Support Teams (FSTs) to ensure permanency goal is reviewed and established		P1.7.2.a Made ACTS systems changes to track permanency reviews separately from FSTs.	P-Aug 04 A-Aug 04	
					Policy developed	P1.7.2.b Policy written on ACTS systems changes and elements necessary for permanency reviews.	P-Sep 04 A-Aug 04	

Program Improvement Implementation								
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Outcome or Systemic Factors and Item(s) Contributing to Non-Conformity			Goal/Negotiated Measure/Percent of Improvement	Action Steps	Method of Measurement	Benchmarks Toward Achieving Goal	Dates of Achievement	
							Benchmark	Goal
	A	N/A						
				Kathryn Sapp Cindy Wilkinson	Policy disseminated	P1.7.2.c Policy disseminated to all staff.	P-Sep 04 A-Aug 04	
					Training agenda	P1.7.2.d Incorporated ACTS system changes and policy into BASIC and computer systems training.	P-Jan 05 A-Oct 04	
					List of facilitators	P1.7.2.e Identified individuals who will serve as expert facilitators for more difficult FSTs.	P-Mar 05 A-Jul 05	
					Protocol developed	P1.7.2.f Protocol developed for accessing expert facilitators.	P-Apr 05 A-May 05	
					Training agenda	P1.7.2.g Trained expert facilitators.	P-Apr 05 R-Jan 06 A-Jan 06	
					Memo disseminated	P1.7.2.h Memo describing expert facilitator access protocol and expert facilitator duties distributed to all staff.	P-Apr 05 R-Jan 06 A-Jan 06	
				P1.7.3 Strengthen policy and practice relating to concurrent planning.  Cindy Wilkinson		P1.7.3.a Circuit Managers monitored outcomes through PRR tool.	P-Mar 05 A-Mar 05	
					Improvement plans	P1.7.3.b Circuit Managers assisted by the PET to develop improvement plans.	P-May 05 A- Jul 05	
					Training curriculum and revised child welfare manual	P1.7.3.c Integrated concurrent planning into Advanced FCOOHC In-Service Module training and child welfare manual.	P-May 06 A-May 06	
				P1.7.4 Increase collaboration with courts by providing cross training to judiciary, court staff, GALs and Children's Division staff on ASFA & Permanency hearings consistent	Training curriculum	P1.7.4.a CD partnered with OSCA to develop training curriculum.	P-Jan 04 A-Jan 04	
						P1.7.4.b Developed draft plan to address logistics of proposed training.	P-Jan 04 A-Jan 04	
						P1.7.4.c Submitted draft to management of CD/OSCA.	P-Feb 04 A-Feb 04	
					Contract developed	P1.7.4.d Developed a contract to provide cross training to judiciary, court staff, GAL's and CD staff.	P-Mar 04 A-Mar 04	



Program Improvement Implementation								
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							Benchmark	Goal
	A	N/A						
				with state and federal regulations.  Cindy Wilkinson		P1.7.4.e Management approved draft.	P-Apr 04 A-Apr 04	
					Training agenda and curriculum	P1.7.4.f Training implemented by CD/OSCA to include concurrent planning training.	P-Jun 04 A- Sept 04 ongoing twice per year	
<b>Item 8:</b> Reunification, guardianship, or permanent placement with relatives.		X	Reunification Nat'l Standard 76.2% or more  MO FFY 2003 AFCARS Baseline 59.8%  AFCARS Goal 62.2% (Based on Federal formula for goal setting).  6th quarter performance based on quarterly outcomes report = 69.7 % not AFCARS. AFCARS data not available.					P-Dec 2006  A-
				P1.8.1 Address permanency and services needs of children in Legal Status 2, 3, and 4  Bonnie Washeck	Data reports	P1.8.1.a Prepared data on legal status 2, 3, and 4 children.	P-Dec 04 A-Feb 05	
					Workgroup member list	P1.8.1.b Developed workgroup to examine legal status 2, 3, and 4 children (include in workgroup OSCA, CD, and metro sites).	P-Feb 05  A-Apr 05	
					Case review results report	P1.8.1.c Conducted special case reviews on legal status 2, 3, and 4 cases.	P-Apr 05  A-May 05	

Program Improvement Implementation								
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							Benchmark	Goal
	A	N/A						
					Summary of meeting decisions	P1.8.1.d CD met with DLS and OSCA to determine legal obligations related to legal status 2, 3, and 4 children.	P-Apr 05	
						P1.8.1.e Revise AFCARS population if necessary.	A-Aug 05 P-Apr 05 A-Jul 05	
					Protocol developed	P1.8.1.f Developed policy and protocol on worker duties related to legal status 2, 3, and 4 cases.	P-July 05 R-May 06 A-May 06	
					Comparison data	P1.8.1.g Caseload analysis (comparison to LS1) completed Legal status 2, 3, and 4.	P-Sept 05 A-Oct 05	
					PRR	P1.8.1.h Incorporated Legal status 2, 3, and 4 cases into established Peer Record Review process.	P-Oct 05 A-Oct 05	
				P1.8.2 Establish procedures to access various service funding streams.  Bonnie Washeck		P1.8.2.a See S2.3.4.a.		
						P1.8.2.b See S2.3.4.b.		
				P1.8.3 Ensure frequency and timeliness of Family Support Team Meetings occurs per policy.  Kathryn Sapp Cindy Wilkinson		P1.8.3.a See P1.7.1.a		
						P1.8.3.b See P1.7.1.b		
						P1.8.3.c See P1.7.1.c		
				P1.8.4 Improve quality of Family Support Teams to assure the review of permanency goal.  Kathryn Sapp Cindy Wilkinson		P1.8.4.a See P1.7.2.a		
						P1.8.4.b See P1.7.2.b		
						P1.8.4.c See P1.7.2.c		
						P1.8.4.d See P1.7.2.d		
						P1.8.4.e See P1.7.2.e		
						P1.8.4.f See P1.7.2.f		
						P1.8.4.g See P1.7.2.g		
						P1.8.4.h See P1.7.2.h		

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							Benchmark	Goal
	A	N/A						
				P1.8.5 Increase collaboration with courts by providing cross training to new judiciary, court staff, Children's Division staff and GAL's on ASFA & Permanency hearings consistent with state and federal regulations  Cindy Wilkinson		P1.8.5.a See P1.7.4.a		
						P1.8.5.b See P1.7.4.b		
						P1.8.5.c See P1.7.4.c		
						P1.8.5.d See P1.7.4.d		
						P1.8.5.e See P1.7.4.e		
						P1.8.5.f See P1.7.4.f		
				P1.8.6 Increase collaboration with courts by providing cross training to judiciary, court staff, GAL's and Children's Division staff regarding roles and responsibilities.  Cindy Wilkinson	Contract developed	P1.8.6.a Contract developed to provide training.	P-Apr 04 A-Apr 04	
					Meeting minutes	P1.8.6.b Meeting held to discuss roles and responsibilities of CD and Juvenile Officers.	P-Dec 04  A-Oct 04	
					Training agenda	P1.8.6.c Training provided to judiciary, court staff, GAL's and CD staff	P-May 05  A-May 05	
				P1.8.7 Collaborate with OSCA to explore barriers that would allow Juvenile Courts to enter temporary custody orders and transfer jurisdiction to Probate & Circuit Courts to expedite guardianship. Jim Harrison	Meeting Minutes	P1.8.7.a Meeting held (with OSCA, CD, and DLS) to look at existing data and practices to identify problem areas and barrier to expeditious guardianship, including legislative and policy change.	P-Mar 05 A-Oct 04	
					Proposal drafted	P1.8.7.b Proposal drafted for legislative change.	P-Mar 05 A-Oct 04	
						P1.8.7.c Written proposal reviewed by OSCA, CD and DLS.	P-Mar 05 A-Sept 04	
						P1.8.7.d Proposal finalized and presented to Department for legislative change.	P-Mar 05 A-Jan 05	

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	A	N/A						
				P1.8.8 Determined policy remedy to be used in addition or in lieu of any legislative change referred in P1.8.7.  Jim Harrison Lesley Pettit		P1.8.8a Each circuit determined strategies with their court to expedite guardianship for children placed with relatives in CD custody.	P-Oct 05 A-Oct 05	
						P1.8.8.b See P1.6.1a		
						P1.8.8.c See P1.6.1b		
						P1.8.8.d See P1.6.1c		
						P1.8.8.e See P1.6.1d		
						P1.8.8.f See P1.6.1e		
<b>Item 9:</b> Adoption	X		Adoption Nat'l Standard 32% or more  MO FFY 2003 AFCARS Baseline 38.5%  <b>Goal achieved</b>					P- Dec 2006  A-
				P1.9.1 Termination of Parental Rights will be filed in a timely manner, except when compelling reasons are documented.  Cindy Wilkinson Kathryn Sapp	Data report	P1.9.1.a.Examine TPR data from current information system.	P-Feb 05 A-Feb 05	
					Circuit reports on outcomes of meetings with courts.	P1.9.1.b Initiated local circuit meetings with Judicial Courts to address local procedures for filing of TPR petitions.	P-Jun 05 A-Jul 05	
					Policy developed	P1.9.1.c Developed policy for supervisor and staff responsibilities in documenting compelling reasons for not filing TPR.	P-Jun 05 A-Jul 05	
					Policy disseminated	P1.9.1.d Policy disseminated to staff and supervisory oversight	P-Aug 05 R-Mar 06 A-May06	
						P1.9.1.e Incorporated into BASIC training.	P-Jun 05 R-Mar 06 A-Mar 06	
					PRR monitoring	P1.9.1.f Quarterly monitoring by PRR.	P&A ongoing quarterly	

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							Benchmark	Goal
	A	N/A						
						P1.9.1.g Incorporated into Advanced FCOOHC In-service module training.	P-May 06 A-May 06	
				P1.9.2 Increase number of resource families.  Cindy Wilkinson	Performance based contracts and outcome reports	P1.9.2.a See P1.6.5.a P1.9.2.b See P1.6.5.b P1.9.2.c See P1.6.5.c P1.9.2.d See P1.6.5.d P1.9.2.e See P1.6.5.e		
				P1.9.3 Increase capacity to conduct home studies and finalize adoptions.  Cindy Wilkinson	Request for Proposal	P1.9.3.a RFP written for performance based case management contracts	P-Sep 04 A-Sep 04	
					Workload staffing analysis	P1.9.3.b Conducted a workload staffing analysis to determine staffing need for completing home studies and finalized adoptions.	P-Mar 05 A-Mar 05	
					Award letters	P1.9.3.c Awarded performance based case management contracts	P-Mar 05 A-Jun 05	
					Staffing report	P1.9.3.d Committed additional staff (private or public) as needed per available resources.	P-Jul 05 A-Aug 05	
				P1.9.4 Improve access to legal representation for CD staff  Jim Harrison		P1.9.4.a DLS identified plan to fill vacant FTE's or contract for attorneys.	P-Jul 04 A-Jul 04	
						P1.9.4.b Additional attorneys hired and placed.	P-Sep 04 A-Sep 04	
					Establish workgroup	P1.9.4.c CD/DLS established a work group to develop a protocol for CD staff to access DLS attorneys or contractors.	P-Mar 05 A-Apr 05	
					Develop draft protocol	P1.9.4.d Draft Protocol developed.	P-Apr 05 A-Apr 05	
						P1.9.4.e CD legal representation at court hearings monitored by CD/DLS joint committee for improvement.	P-July 05 Ongoing A-Jul 05	
					Draft joint memo	P1.9.4.f Draft joint memo with DLS to assist CD staff in developing a clearer understanding on how to access legal services.	P-Jul 05 A-Jul 05	
					Memo disseminated	P1.9.4.g Memo and Protocol disseminated to staff and adopted.	P-Oct 05 A-Sep 05	

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							Benchmark	Goal
	A	N/A						
Item 10: Other planned living arrangement		X	Baseline 63.6%  6th quarter results for PRR V-22 = 51.9%  Goal = 66.4%  <b>The goal has been achieved for PRR V-21.</b>		PRR V-22 Youth 16 or older have an ILP plan documented in the case record (CS-1 Att.)  PRR V-21 Youth 16 or over, are participating in or have completed ILP classes			P-Dec 2006  A-
				P1.10.1 Increase number and quality of resource families for older youth  Cindy Wilkinson		P1.10.1.a See P1.6.5.a		
						P1.10.1.b See P1.6.5.b		
						P1.10.1.c See P1.6.5.c		
						P1.10.1.d See P1.6.5.d		
						P1.10.1.e See P1.6.5.e		
					Discuss recruitment activities	P1.10.1.f Met with IL Specialists to discuss strategies on recruitment activities for locating homes for older youth.	P-Mar 05	
					Recruitment activities report	P1.10.1.g Met with IL Specialists to report on community recruitment activities.	A-Mar 05 P-Jun 05	
						P1.10.1.h Incorporated Ready, Set, Fly curriculum and Chafee video into foster parent training.	A-Jun 05 P-Sep 05	
							A-Sep 04	
				P1.10.2 Increase awareness of Chafee program services to staff and community members  Cindy Wilkinson	Distribute ETV material	P.1.10.2.a Increased awareness of Education and Training Voucher Program through distributing information material to secondary and higher education programs	P-Jan 04  A-Jan 04	
					Youth conference	P1.10.2.b State Youth Advisory Board (SYAB) designed and hosted annual youth empowerment conference	P-July 04 annually A-July 04 Annually	

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							Benchmark	Goal
	A	N/A						
					Provide information meetings	P1.10.2.c ILP staff provided Chafee informational meetings, seminars, workshops to CD staff, foster parents, juvenile court, and youth serving agencies.	P- Mar 04 Ongoing	
					Write and disseminated memo	P1.10.2.d CD memo written and disseminated to staff involving ILP staff in the case planning process for older youth and referring age appropriate youth for Chafee services.	A-Mar 04 Ongoing	
					Distributed ETV poster	P1.10.2.e Designed and distributed ETV poster to schools and youth serving agencies	P-May 05  A-Sep 05	
				P1.10.3 Increase program accessibility to provide life skills training services for older youth  Cindy Wilkinson	Implement Pre-ILP Training curriculum	P1.10.3.a Designed and Implemented Pre-ILP Life Skills training curriculum for youth 14-15.	P-June 04  A- June 04	
					Youth conference	P1.10.3.b State Youth Advisory Board (SYAB) designed and hosted annual youth empowerment conference	P-July 04 annually A-July 04 Annually	
					Consult with SYAB	P1.10.3.c Consulted with SYAB members on needs of older youth.	P-Dec 04 Ongoing A- Dec 04 Ongoing	
					Convene workgroup and address recommendations	P1.10.3.d Convened workgroup to address recommendations from Chafee stakeholder and transitional living meetings on designating positions and training plan for adolescent workers	P-Feb 05  A-Feb 05	
					Provide training to selected staff in designed areas	P1.10.3.e Training provided in designate areas to selected staff interested in adolescent worker positions	P-Feb 05  A-Feb 05	
					CD memo	P1.10.3.f CD memo written and disseminated to staff involving ILP staff in the case planning process for	P-May 05  A-Sep 05	

Program Improvement Implementation								
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Outcome or Systemic Factors and Item(s) Contributing to Non-Conformity			Goal/Negotiated Measure/Percent of Improvement	Action Steps	Method of Measurement	Benchmarks Toward Achieving Goal	Dates of Achievement	
							Benchmark	Goal
	A	N/A						
						older youth and referring age appropriate youth for Chafee services		
<b>Permanency Outcome P2:</b>								
<b>Item 11:</b> Proximity of foster care placement	X							
<b>Item 12:</b> Placement with siblings		X	Baseline 85.6  6th quarter PRR results = 84.2 %  Goal 89.9% (Goal established is calculated by taking the average of 8 quarters performance in 2003 and 2004 and adding 5% of the average to measure improvement).		Monitored through Peer Record Review Question V-4: Siblings are placed together or there is ongoing visitation			P-Dec 2006 A-
				P2.12.1 Increase the number of siblings placed together  Kathryn Sapp	Policy developed	P2.12.1.a Policy developed for FST to be required prior to separating siblings at any time during placement episode.	P-Aug 04	
					Policy enhancement	P2.12.1.b Enhanced policy addressing the continual need for maintaining sibling relationship.	A-Aug 04 P-Aug 04	
					PRR results & Improvement plans	P2.12.1.c Circuit Managers monitored quarterly PRR results and improvement plans developed.	A-Aug 04 P-Feb 05 Ongoing Quarterly A-Ongoing	
					Recommendations from workgroup	P2.12.1.d Visitation Workgroup presented recommendations on preserving sibling ties.	P-Nov 05 A-Nov 05	



Program Improvement Implementation								
1			2	3	4	5	6	7
Outcome or Systemic Factors and Item(s) Contributing to Non-Conformity			Goal/Negotiated Measure/Percent of Improvement	Action Steps	Method of Measurement	Benchmarks Toward Achieving Goal	Dates of Achievement	
							Benchmark	Goal
	A	N/A						
					Draft policy	P2.12.1.e Developed policy requiring a FST prior to separating siblings.	P-Apr 06 A-Apr 06	
					Policy disseminated	P2.12.1.f Policy disseminated to staff on FST	P-May 06 A-May 06	
					Supervisory sibling case review	P2.12.1.g Developed supervisory sibling case review process to review cases after siblings are separated after 30 days.	P-May 06 A-May 06	
			P2.12.2 Develop an ongoing training module regarding sibling placements for staff, foster parents, and juvenile court staff.  Jeff Adams			P2.12.2.a Emphasis on the importance of sibling bonds, long term effects of separation, and importance of visitation, parentified child and sibling rivalries incorporated into foster parent training.	P-Nov 05  A-Dec 05	
						P2.12.2.b See P1.7.4.a		
						P2.12.2.c See P1.7.4.b		
						P2.12.2.d See P1.7.4.c		
						P2.12.2.e See P1.7.4.d		
						P2.12.2.f See P1.7.4.e		
					P2.12.2.g See P1.7.4.f			
				Training module	P2.12.2.h Emphasis on the importance of sibling bonds, long term effects of separation, and importance of visitation, parentified child and sibling rivalries incorporated into BASIC and advanced FCOOHC In-Service training module.	P-May 06  A-May 06		
			P2.12.3 Increase capacity for resource families that accept sibling groups.  Cindy Wilkinson			P2.12.3.a See P1.6.5.a		
						P2.12.3.b See P1.6.5.b		
						P2.12.3.c See P1.6.5.c		
						P2.12.3.d See P1.6.5.d		
						P2.12.3.e See P1.6.5.e		

Program Improvement Implementation								
1			2	3	4	5	6	7
Outcome or Systemic Factors and Item(s) Contributing to Non-Conformity			Goal/Negotiated Measure/Percent of Improvement	Action Steps	Method of Measurement	Benchmarks Toward Achieving Goal	Dates of Achievement	
							Benchmark	Goal
	A	N/A						
Item 13: Visiting with parents and siblings in foster care.		X	Baseline 89.4 %  6th quarter PRR results = 85.5%		Parents' visits monitored through PRR Question V-13. There is a current visitation plan in place to facilitate reunification.			P-Dec 2006
			Goal 90.3% (Goal established is calculated by taking the average of 8 quarters performance in 2003 and 2004 and adding 1% of the average to measure improvement).		Sibling visits monitored through Peer Record Review question V-4: Siblings are placed together or there is ongoing visitation.			A-
			Baseline 85.6%  6th quarter PRR results = 84.2%					
			Goal 89.9% (Goal established is calculated by taking the average of 8 quarters performance in 2003 and 2004 and adding 5% of the average to measure Improvement).					
				P2.13.1 Increase frequency and quality of parent/child and sibling visits.	Recommendations from workgroup	P2.13.1.a Visitation Workgroup presented recommendations on preserving sibling ties.	P-Nov 05 A-Nov 05	
				Cindy Wilkinson	Policy revision	P2.13.1.b Revised policy to improve qualitative and quantitative visitation plan requirements.	P-Apr 06 A-Apr 06	

Program Improvement Implementation								
1			2	3	4	5	6	7
Outcome or Systemic Factors and Item(s) Contributing to Non-Conformity			Goal/Negotiated Measure/Percent of Improvement	Action Steps	Method of Measurement	Benchmarks Toward Achieving Goal	Dates of Achievement	
							Benchmark	Goal
	A	N/A						
						P2.13.1.c Incorporated policy revision into BASIC training and supervisory oversight provided to existing staff.	P-Jul 06 A-Jun 06	
					PRR	P2.13.1.d Incorporated revisions into PRR tool.	R-Jul 06 A-Jun 06	
					Quarterly data reports	P2.13.1.e Circuit Managers monitor data regarding frequency of parent/child/sibling visits.	P-Oct 06 A-	
					Practice improvement plans developed	P2.13.1.f Circuit Managers assisted by the PET teams developed practice improvement plans using all available data for guidance.	P-Oct 06 A-	
Item 14: Preserving connections		X	Baseline 25.9%  Goal 27.2%  <b>The average performance for the past two quarters has meet and exceeded the goal.</b>  Baseline 83%  <b>6th quarter results for PRR = 84.4 %</b>  Goal 87.2% Goal established is calculated by taking the average of 8 quarters performance in 2003 and 2004 and adding 5% of the average to measure improvement.		Relative Placement CD-Outcomes #17. Increase the number of children placed with relative providers (LS 1-4) Previous data only captured LS 1 children.  PRR V-1 Consideration was given to relatives or kin for placement.			P-Dec 2006  A-Apr 2006

Program Improvement Implementation								
1			2	3	4	5	6	7
Outcome or Systemic Factors and Item(s) Contributing to Non-Conformity			Goal/Negotiated Measure/Percent of Improvement	Action Steps	Method of Measurement	Benchmarks Toward Achieving Goal	Dates of Achievement	
							Benchmark	Goal
	A	N/A						
				P2.14.1 Increase emphasis on preserving familial and community connections for children in out of home care.  Kathryn Sapp	Evaluation report	P2.14.1.a Evaluated Family-to-Family program regarding applicability for statewide implementation.	P-May 05 A-Jan 06	
						P2.14.1.b Submitted evaluation recommendations to administration.	P-July 05 A-Jan 06	
						P2.14.1.c Based on results of Family to Family evaluation and review of other state's best practices determined statewide applicability.	P-Aug 05 A-Jan 06	
					State plan developed	P2.14.1.d Develop state plan to address preserving connections.	P-Oct 05 A-Apr 06	
				P2.14.2 Improve diligent search for relatives/missing parents  Bonnie Washeck		P2.14.2.a See P1.6.2.a		
						P2.14.2.b See P1.6.2.b		
						P2.14.2.c See P1.6.2.c		
						P2.14.2.d See P1.6.2.d		
				P2.14.3 Revise ICWA policy Cindy Wilkinson Kathryn Sapp	Policy revision	P2.14.3.a Revised ICWA policy to reflect best practice standards.	P-Aug 04 A-Aug 04	
					CPS-1 CD-14	P2.14.3.b ICWA questions incorporated into intake (CPS-1) and family assessment (CD-14) tools.	P-May 05 A-Apr 05	
					Policy disseminated	P2.14.3.c Newly revised intake & assessment disseminated to all CD staff.	P-Aug 05 A-Dec 05	
					PRR	P2.14.3.d Add ICWA question to Peer Record Review tool.	P-Sept 05 A-Mar 05	
					PRR quarterly data reports	P2.14.3.e Establish a baseline for ICWA for Peer Record.	P-Sept 05 A-Jun 05	
Item 15: Relative placement		X	Baseline 25.9%  6th quarter		Relative Placement monitored			P-Dec 2006  A-

Program Improvement Implementation								
1			2	3	4	5	6	7
Outcome or Systemic Factors and Item(s) Contributing to Non-Conformity			Goal/Negotiated Measure/Percent of Improvement	Action Steps	Method of Measurement	Benchmarks Toward Achieving Goal	Dates of Achievement	
							Benchmark	Goal
	A	N/A						
			<p>Outcome Reports results = 28.7%*</p> <p><b>Goal achieved</b></p> <p>Goal 27.2% (Goal established is calculated by taking the average of 8 quarters performance in 2003 and 2004 and adding 5% of the average to measure improvement).</p> <p>Baseline 83.0%</p> <p>6th quarter PRR results = 84.4%</p> <p>Goal 87.2% (Goal established is calculated by taking the average of 8 quarters performance adding 5% of the average to measure improvement).</p>		<p>through the number of children placed with relative provider in legal status 1-4</p> <p>Monitored through Peer Record Review question V-1: Consideration was given to relatives or kin for placement</p>			
				P2.15.1 Increase system capacity to accurately track placement kinship vendor types.		P2.15.1.a See P1.6.1.a P2.15.1.b See P1.6.1.b P2.15.1.c See P1.6.1.c P2.15.1.d See P1.6.1.d P2.15.1.e See P1.6.1.e		
				Lesley Pettit				

Program Improvement Implementation								
1			2	3	4	5	6	7
Outcome or Systemic Factors and Item(s) Contributing to Non-Conformity			Goal/Negotiated Measure/Percent of Improvement	Action Steps	Method of Measurement	Benchmarks Toward Achieving Goal	Dates of Achievement	
							Benchmark	Goal
	A	N/A						
				P2.15.2 Improve diligent search for relatives/missing parents.  Cindy Wilkinson		P2.15.2.a See P1.6.2.a P2.15.2.b See P1.6.2.b P2.15.2.c See P1.6.2.c P2.15.2.d See P1.6.2.d		
				P2.15.3 Evaluate support and training provided for relative/kinship resource families  Cindy Wilkinson Jeff Adams		P2.15.3.a See P1.6.7.a P2.15.3.b See P1.6.7.b P2.15.3.c See P1.6.7.c		
Item 16: Relationship of child in care with parents		X	Baseline 91.0%  6th quarter PRR results = 89.0%  Goal 91.9% (Goal established is calculated by taking the average of 8 quarters performance in 2003 and 2004 and adding 1% of the average to measure improvement).		Parent Visits monitored through Peer Record Review question V-3: The child is placed in close proximity to his/her family.			P-Dec 2006  A-Apr 2006
				P2.16.1 Improve diligent search for non-custodial parent.  Bonnie Washeck		P2.16.1.a See P1.6.2.a P2.16.1.b See P1.6.2.b P2.16.1.c See P1.6.2.c P2.16.1.d See P1.6.2.d		
				P2.16.2 Improve engagement of non-custodial parents in	PRR Outcomes	P16.16.2.a See S2.3.2.a P16.16.2.b See S2.3.2.b P16.16.2.c See S2.3.2.c		

Program Improvement Implementation								
1			2	3	4	5	6	7
Outcome or Systemic Factors and Item(s) Contributing to Non-Conformity			Goal/Negotiated Measure/Percent of Improvement	Action Steps	Method of Measurement	Benchmarks Toward Achieving Goal	Dates of Achievement	
							Benchmark	Goal
	A	N/A						
				case planning by strengthening worker/supervisor skills in engaging families in the assessment, case planning and case plan review process. Increase parent, caregiver (alternative care provider) and child involvement in case assessment, plan development and reassessment.		P16.16.2.d See S2.3.2.d		
						P16.16.2.e See S2.3.2.e		
						P16.16.2.f See S2.3.2.f		
				Kathryn Sapp				
Well Being Outcome 1 Families have enhanced capacity to provide for children's needs								
Item 17: Needs and services of child, parents, foster parents		X	Baseline 89.4% 6th quarter PRR results = 88.0% Goal 90.3%		PRR IV-13 Services being provided to the family are adequate to meet their needs as identified in the assessment. Previously PRR III-3 and III-10 were used.			P-Dec 2006 A-
				WB1.17.1 Improve family assessment and		WB1.17.1.a See S2.3.1.a		
						WB1.17.1.b See S2.3.1.b		

Program Improvement Implementation								
1			2	3	4	5	6	7
Outcome or Systemic Factors and Item(s) Contributing to Non-Conformity			Goal/Negotiated Measure/Percent of Improvement	Action Steps	Method of Measurement	Benchmarks Toward Achieving Goal	Dates of Achievement	
							Benchmark	Goal
	A	N/A						
				case plan tools to better link service provision to the needs of the bio family identified in the initial and ongoing assessments.  Kathryn Sapp		WB1.17.1.c See S2.3.1.c WB1.17.1.d See S2.3.1.d WB1.17.1.e See S2.3.1.e WB1.17.1.f See S2.3.1.f WB1.17.1.g See S2.3.1.g WB1.17.1.h See S2.3.1.h		
					Per 4 <sup>th</sup> quarter renegotiation, PRR IV-15 has been removed.			
				WB1.17.2 Strengthen workers skills in engaging families in the assessment, case planning and case plan review processes to increase parent, caregiver (alternative care provider) and child involvement in case assessment, plan development and reassessment.  Kathryn Sapp		WB1.17.2.a See S2.3.2.a WB1.17.2.b See S2.3.2.b WB1.17.2.c See S2.3.2.c WB1.17.2.d See S2.3.2.d WB1.17.2.e See S2.3.2.e WB1.17.2.f See S2.3.2.f		
				WB1.17.3 Implementation of “Confirming Safe Environments” to reduce the risk for children in		WB1.17.3.a See S1.2.2.a WB1.17.3.b See S1.2.2.b WB1.17.3.c See S1.2.2.c WB1.17.3.d See S1.2.2.d WB1.17.3.e See S1.2.2.e WB1.17.3.f See S1.2.2.f		



Program Improvement Implementation								
1			2	3	4	5	6	7
Outcome or Systemic Factors and Item(s) Contributing to Non-Conformity			Goal/Negotiated Measure/Percent of Improvement	Action Steps	Method of Measurement	Benchmarks Toward Achieving Goal	Dates of Achievement	
							Benchmark	Goal
	A	N/A						
				foster/kinship care to identify needs of child and providers.  Cindy Wilkinson				
Item 18: Child and family involvement in case planning.		X	Baseline 74.1%  6th quarter PRR results = 74.6 %  Goal 77.8% (Goal established is calculated by taking the average of 8 quarters performance in 2003 and 2004 and adding 5% of the average to measure improvement).		Monitored through Peer Record Review question IV-8: The family participated in the development of and signed the service plan.			P-Dec 2006  A-
				WB1.18.1 Maximize parental/family participation in Family Support Team Meetings.  Bonnie Washeck		WB1.18.1.a See S2.3.2 a WB1.18.1.b See S2.3.2 b WB1.18.1.c See S2.3.2 c WB1.18.1.d See S2.3.2 d WB1.18.1.e See S2.3.2 e WB1.18.1.f See S2.3.2 f		
					Protocol established	WB1.18.1.g Established a protocol for accessing division staff outside of regular working hours.	P-Aug 05  A-Aug 05	
				WB1.18.2 Improve the quality of Family Support Team Meetings.  Kathryn Sapp Cindy Wilkinson		WB1.18.2.a See P1.7.2a WB1.18.2.b See P1.7.2b WB1.18.2.c See P1.7.2c WB1.18.2.d See P1.7.2d WB1.18.2.e See P1.7.2e WB1.18.2.f See P1.7.2f WB1.18.2.g See P1.7.2g WB1.18.2.h See P1.7.2h		

Program Improvement Implementation								
1			2	3	4	5	6	7
Outcome or Systemic Factors and Item(s) Contributing to Non-Conformity			Goal/Negotiated Measure/Percent of Improvement	Action Steps	Method of Measurement	Benchmarks Toward Achieving Goal	Dates of Achievement	
							Benchmark	Goal
	A	N/A						
				WB1.18.3 Review and further develop a handbook, to be distributed at the point of removal, to educate parents on their rights and responsibilities, court procedures, etc.  Cindy Wilkinson		WB1.18.3.a Collected parent handbooks used by various circuits.	P-Aug 05 A-Aug 05	
					Workgroup list	WB1.18.3.b Convened a work group to evaluate parent handbooks.	P-Oct 05 A-Sep 05	
					Parent handbook	WB1.18.3.c Developed a universal parent handbook.	P-Jan 06 A-Jan 06	
					Survey results	WB1.18.3.d Solicited consumer feedback on parent handbook	P-Apr 06 R-Jun 06 A-Jun 06	
					Policy developed	WB1.18.3.e Developed policy on use of parent handbook.	P-Jul 06 A-Jul 06	
					Policy disseminated	WB1.18.3.f Policy distributed to all staff and supervisory oversight.	P-Sept 06 A-	
					Training curriculum	WB1.18.3.g Policy Incorporated into BASIC training	P-Oct 06 A-	
Item 19: Worker visits with child – improve quantity and quality		X	<b>The goal has been achieved for PRR V-16.</b>		Foster Care cases monitored through Peer Record Review question V-16: The worker visits the child twice every month.			
				WB1.19.1 Develop policy addressing the quality of visits to incorporate case planning, service delivery and goal attainment.  Bonnie Washeck	Team appointments	WB1.19.1a Appointed visitation policy and practice team.	P-Jan 05 A-Feb 05	
					Convene meeting	WB1.19.1.b Convened first policy and practice team meeting.	P-Feb 05 A-May 05	
					Workgroup recommendations	WB1.19.1c Visitation Workgroup presented recommendations on how visitation is critical in timely reunification to executive staff.	P-Nov 05  A-Nov 05	
					Recommendations reviewed	WB1.19.1.d Recommendation reviewed by executive staff.	P-Jan 06 A-Jan 06	
					Policy draft	WB1.19.1.e Policy drafted.	P-Apr 06 A-Apr 06	
					Policy disseminated	WB1.19.1.f Policy disseminated to staff	P- May 06 A-Jun 06	

Program Improvement Implementation								
1			2	3	4	5	6	7
Outcome or Systemic Factors and Item(s) Contributing to Non-Conformity			Goal/Negotiated Measure/Percent of Improvement	Action Steps	Method of Measurement	Benchmarks Toward Achieving Goal	Dates of Achievement	
							Benchmark	Goal
	A	N/A						
						WB1.19.1.g Training began on policy enhancements staff and foster parents.	P-Jul 06 A-Jul 06	
						WB1.19.1.h Utilize Practice Enhancement Teams (PET) to support protocols.	P-Jul 06 A-Jul 06	
				WB1.19.2 Increase policy compliance for frequency of worker visits for intact and out-of-home cases.  Cindy Wilkinson Kathryn Sapp	Quarterly workload report	WB1.19.2.a Achieved progress in caseload equalization by developing quarterly circuit workload reports.	P-Aug 05 quarterly ongoing A-Aug 05	
					PRR	WB1.19.2.b Circuit Managers monitored the frequency of worker visits through the PRR.	P-Aug 05 A-Aug 05	
					Practice Improvement plans	WB1.19.2.c Circuit Managers assisted by PET to develop practice improvement plans.	P-Sep 05 A-Sep 05	
				WB1.19.3 Tracking system to track worker visits (date/site).  Jim Harrison		WB1.19.3.a Reviewed the FCS section of the Family Satisfaction survey on monthly worker visits with the family.	P-Feb 06 A-Feb 06	
						WB1.19.3.b Reviewed the youth portion of the Family Satisfaction survey on bi-monthly worker visits with the out-of-home care child.	P-Feb 06 A-Feb 06	
						WB1.19.3.c PET teams annually analyzed family satisfaction survey data	P-Apr 06 A-Apr 06	
						WB1.19.3.d Worked with ITSD staff to include worker visit information (with child, parents, foster parents) and sibling visits in the Outcome Reports when converted to SACWIS.	P-May 06 A-May 06	

Program Improvement Implementation								
1			2	3	4	5	6	7
Outcome or Systemic Factors and Item(s) Contributing to Non-Conformity			Goal/Negotiated Measure/Percent of Improvement	Action Steps	Method of Measurement	Benchmarks Toward Achieving Goal	Dates of Achievement	
							Benchmark	Goal
	A	N/A						
Item 20: Worker Visit with parent(s).		X	Baseline 85.3%  6 <sup>th</sup> quarter PRR results = 84.2%  Goal 89.5% (Goal established is calculated by taking the average of 8 quarters performance in 2003 and 2004 and adding 5% of the average to measure improvement).		Intact and Foster Care Cases monitored through Peer Record Review question IV-14: The worker visits family (caretakers) at least one time per month.			P-Dec 2006  A-
				WB1.20.1 Strengthen worker relationships with biological or adoptive parents.  Bonnie Washeck	Protocols established	WB1.20.1.a Protocols established in WB1.19.1g included in all resource parent training	P-May 05 R-Jul 06 A-Jul 06	
					Revise PRR	WB1.20.1.b Revised PRR to reflect collateral contacts required per family risk assessment/reassessment	P-Jun 05  A-Jun 05	
						WB1.20.1.c See S2.3.2.a		
						WB1.20.1.d See S2.3.2.b		
						WB1.20.1.e See S.2.3.2.c		
						WB1.20.1.f See S.2.3.2.d		
						WB1.20.1.g See S.2.3.2.e		
						WB1.20.1.h See S2.3.2.f		

Program Improvement Implementation								
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Outcome or Systemic Factors and Item(s) Contributing to Non-Conformity			Goal/Negotiated Measure/Percent of Improvement	Action Steps	Method of Measurement	Benchmarks Toward Achieving Goal	Dates of Achievement	
							Benchmark	Goal
	A	N/A						
				WB1.20.2 – Refer to: WB1.19.1, WB1.19.2 and WB1.19.3  a. WB1.19.1 Develop policy addressing the quality of visits to incorporate case planning, service delivery and goal attainment.  b. WB1.19.2 Increase policy compliance for frequency of worker visits for intact and out-of-home cases.  c. WB1.19.3 Tracking system to track worker visits (date/site).		WB1.20.2.a See WB1.19.1.a-f   WB1.20.2.b See WB1.19.2 a-c   WB1.20.2.c See WB1.19.3 a-b		
Well Being Outcome 2 Children receive services to meet their educational needs								
<b>Item 21:</b> Children receive appropriate services to meet their educational needs		X	Baseline 95.6%  6th quarter PRR results = 94.9%  Goal 96.6% (Goal established is calculated by taking the average of 8 quarters performance)		PRR V-18 The child is at grade level and receiving appropriate educational services.			P-Dec 2006  A-Feb 2006

Program Improvement Implementation								
1			2	3	4	5	6	7
Outcome or Systemic Factors and Item(s) Contributing to Non-Conformity			Goal/Negotiated Measure/Percent of Improvement	Action Steps	Method of Measurement	Benchmarks Toward Achieving Goal	Dates of Achievement	
							Benchmark	Goal
	A	N/A						
			in 2003 and 2004 and adding 1% of the average to measure improvement.)					
				WB2.21.1 Improve working relationship among Children's Division, Department of Elementary and Secondary Education (DESE) and local school districts.  Kathryn Sapp	Protocol developed	WB.2.21.1.a Protocol developed regarding inclusion of educational personnel in FST's.	P-Mar 05 A-Apr 05	
					Education liaisons	WB2.21.1.b Designated an education liaison at the state level.	P-May 05 A-May 05	
					Circuit Self Assessment	WB2.21.1.c Local level barriers identified regarding working with schools and educational disruptions of children in foster care.	P-May 05 A-Jul 05	
					Written local plans	WB2.21.1.d Developed a plan to alleviate barriers and address educational disruptions of children in foster care as applicable.	P-May 05 A-Jul 05	
					Written State plan	WB2.21.1.e Children's Division Administration partnered with DESE to address identified barriers at State level.	P-Aug 05 A-Aug 05	
				WB2.21.2 Improve the flow of educational records and reports when children transfer schools.  Kathryn Sapp Cindy Wilkinson	Protocols developed	WB2.21.2.a Local protocols developed for alternative care children regarding permission of custodian to access records needed for enrollment.	P-Jun 05 A-Jun 05	
					Residential Facility contracts	WB2.21.2.b. Incorporated accountability measures for transfer of educational records into Residential Facility contracts.	P-Jun 05 R-Jan 06 A-Feb 06	
				WB2.21.3 Decrease the incidence of educational neglect, truancy and suspension of children in care.		WB2.21.3.a Consult with National Resource Centers and other national education resources regarding early identification of educational neglect, truancy and suspension of children in care.	P-Apr 05 A-Apr 05	

Program Improvement Implementation								
1			2	3	4	5	6	7
Outcome or Systemic Factors and Item(s) Contributing to Non-Conformity			Goal/Negotiated Measure/Percent of Improvement	Action Steps	Method of Measurement	Benchmarks Toward Achieving Goal	Dates of Achievement	
							Benchmark	Goal
	A	N/A						
				Cindy Wilkinson Kathryn Sapp	Revised CD-14 and CS-1	WB2.21.3.b Identification of risk factors for educational neglect, truancy or school suspension incorporated into the CD-14 and CS-1.	P-Jul 05 A-Jul 05	
					Distribute youth training video	WB2.21.4.c Distribute Youth Training Video for teacher in-service training.	P-Sep 05 A-Nov 05	
					Protocol developed	WB2.21.3.d Protocol developed for accessing early interventions for students at risk for educational neglect, truancy and suspension.	P-Oct 05 A-Nov 05	
					Protocol developed	WB2.21.3.e Protocol developed for children expelled due to the Safe School Act.	P-Oct 05 A-Nov 05	
					Protocol disseminated	WB2.21.3.f Protocols distributed to staff and shared with local school districts.	P-Nov 05 A-Feb 06	
						WB2.21.3.g Protocols incorporated into BASIC and foster parent training.	P-Dec 05 A-Feb 06	
				WB2.21.4 Decrease the incidence of educational neglect, truancy and suspension of children for intact families. Kathryn Sapp		WB2.21.4.a Consulted with National Resource Center on Child Maltreatment and other national education resources regarding early identification of educational neglect, truancy and suspension of intact families.	P-Apr 05 A- Apr 05	
					CD-14 revision	WB2.21.4.b Identification of risk factors for educational neglect, truancy or school suspension incorporated into the CD-14.	P-July 05 A-Jul 05	
					Distribute youth training video	WB2.21.4.c Distribute Youth Training Video for teacher in-service training.	P-Sep 05 A-Nov 05	
					Protocol developed	WB2.21.4.d Protocol developed for accessing early interventions for students at risk for educational neglect, truancy and suspension.	P-Oct 05 A-Nov 05	

Program Improvement Implementation								
1			2	3	4	5	6	7
Outcome or Systemic Factors and Item(s) Contributing to Non-Conformity			Goal/Negotiated Measure/Percent of Improvement	Action Steps	Method of Measurement	Benchmarks Toward Achieving Goal	Dates of Achievement	
							Benchmark	Goal
	A	N/A						
					Protocol developed	WB2.21.4.e Protocol developed for children expelled due to the Safe School Act.	P-Oct 05 A-Nov 05	
					Protocols disseminated	WB2.21.4.f Protocols distributed.	P-Nov 05 A-Feb 06	
						WB2.21.4.g Protocols incorporated into BASIC training.	P-Dec 05 A-Feb 06	
Well-Being 3 (WB3): Children receive adequate services to meet their physical and mental health needs.								
Item 22: Physical health of the child		X	Baseline 96.9%  6th quarter PRR results = <b>95.7%</b>  Goal 97.8% (Goal established is calculated by taking the average of 8 quarters performance in 2003 and 2004 and adding 1% of the average to measure improvement.		PRR V-17: The physical needs of the child are being met.			P-Dec 2006  A-Feb 2006
				WB3.22.1 Increase ability of Children's Division staff and families to access available dental resources.  Bonnie Washeck	Circuit Self Assessment	WB3.22.1.a Circuits identified available local dental resources.	P-Mar 05 A-Aug 05	
					Dental coordinator list	WB3.22.1.b Dental coordinator assigned to each region (local level) to identify barriers and facilitate access to dental providers.	P-May 05 A-Jul 05	
					Notification letter	WB3.22.1.c Notified dental providers of regional dental coordinators.	P-Aug 05 A-Aug 05	



Program Improvement Implementation								
1			2	3	4	5	6	7
Outcome or Systemic Factors and Item(s) Contributing to Non-Conformity			Goal/Negotiated Measure/Percent of Improvement	Action Steps	Method of Measurement	Benchmarks Toward Achieving Goal	Dates of Achievement	
							Benchmark	Goal
	A	N/A						
					Written plan	WB3.22.1.d In partnership with Division of Medical Services (DMS) assessed and developed plan to reduce administrative burden on Medicaid providers.	P-Aug 05 A-Aug 05	
					Assessment report	WB3.22.1.e Completed assessment regarding Dental Van program expansion.	P-Aug 05 A-Nov 05	
				WB3.22.2 Increase capacity of staff to assess medical needs of children in intact families.  Bonnie Washeck	CD-14 revision	WB3.22.2.a Revised CD-14 to include assessment of medical needs of children in intact families.	P-July 05 A-Apr 05	
					Policy disseminated	WB3.22.2.b Issued revised form and policy.	P-Sep 05 R-Dec 05 A-Dec 05	
					Training curriculum	WB3.22.c Existing staff trained in Assessment and Service Planning using CD-14 as tool statewide.	P-Oct 05 R-Jan 06 A-Feb 06	
						WB3.22.2.d Integrated CD-14 into Advanced Family-Centered In-service training module.	P-Jan 06 A-Feb 06	
Item 23: Mental health needs of the child		X	Baseline 96.4%  6 <sup>th</sup> quarter PRR results = <b>95.0%</b>  Goal 97.3% (Goal established is calculated by taking the average of 8 quarters performance in 2003 and 2004 and adding 1% of the average to measure improvement.		PRR V-19: The mental health needs of the child are being met.			P-Dec 2006  A-

Program Improvement Implementation								
1			2	3	4	5	6	7
Outcome or Systemic Factors and Item(s) Contributing to Non-Conformity			Goal/Negotiated Measure/Percent of Improvement	Action Steps	Method of Measurement	Benchmarks Toward Achieving Goal	Dates of Achievement	
							Benchmark	Goal
	A	N/A						
				WB3.23.1 Increase the ability of Children's Division staff and families to access available mental health resources.  Jim Harrison	Circuit Self Assessment	WB3.23.1.a Available mental health resources identified through Circuit Self Assessment.	P-Aug 04 A-Aug 04	
					Mental Health Coordinator list	WB3.23.1.b Five Regional Mental Health Coordinators designated.	P-Jan 05 A-Jan 05	
						WB3.23.1.c See S2.3.5		
					Written plan	WB3.23.1.d Mental Health Coordinators convened teams to identify local barriers, develop a plan to alleviate barriers and create partnerships to improve service delivery.	P-May 05 A-May 05	
					Plan developed	WB3.23.1.e In partnership with Division of Medical Services (DMS) assessed and developed plan to reduce administrative burden on Medicaid providers.	P-Aug 05 A-Aug 05	
				WB.3.23.2 Increase awareness of staff and foster parents regarding attachment and mental health issues.  Cindy Wilkinson		WB3.23.2.a See P1.6.3.a		
						WB3.23.2.b Increased the number of staff and foster parents trained on Working with the Explosive Child (See Training Matrix).	P & A- Ongoing semi-annually	
						WB3.23.2.c Increased the number of staff and foster parents trained on Grief and Loss (See Training Matrix).	P-Sep 04 A-Sep 04 ongoing semi-annual	
					Curriculum developed	WB3.23.2.d Developed Reactive Attachment Disorder curriculum.	P-Mar 05 A-Mar 05	
					Training agenda	WB3.23.2.e Incorporated attachment issues training into on-going training.	P-Sep 06 A-	
				WB3.23.3 Increase capacity of staff to assess mental health needs of children in	CD-14 revision	WB3.23.3.a Incorporated assessment of mental health needs of children in intact families in CD-14 revision (See S2.3.1.b-h).	P-July 05 A-Apr 05	

Program Improvement Implementation								
1			2	3	4	5	6	7
Outcome or Systemic Factors and Item(s) Contributing to Non-Conformity			Goal/Negotiated Measure/Percent of Improvement	Action Steps	Method of Measurement	Benchmarks Toward Achieving Goal	Dates of Achievement	
							Benchmark	Goal
	A	N/A						
				intact families.  Kathryn Sapp	Practice improvement plans	WB3.23.3.b Circuit Managers evaluated SCRT results and developed practice improvement strategies as needed.(See S2.3.3 a-f)	P-Apr 06 ongoing quarterly R-Nov 06 A-	
<b>Systemic Factors</b>								
Item 24: System can identify the status, demographic characteristics, location and goals of children in foster care.	X							
Item 25: Provides a process that ensures that each child has a written case plan to be developed jointly with the child's parent(s) that includes the required provisions.		X	Baseline 74.1%  6 <sup>th</sup> quarter PRR results = 74.6%  Goal 77.8% (Goal established is calculated by taking the average of 8 quarters performance in 2003 and 2004 and adding 5% of the average to measure improvement.		Monitored through Peer Record Review question IV-8. The family participated in the development and signed the service plan.  Previous measurement PRR IV-15			P-Dec 2006  A-
				25.1 Improve family assessment and case plan tools to better link service provision to the needs of the family identified in the initial and ongoing		25.1.a See S2.3.1.a 25.1.b See S2.3.1.b 25.1.c See S2.3.1.c 25.1.d See S2.3.1.d 25.1.e See S2.3.1.e 25.1.f See S2.3.1.f 25.1.g See S2.3.1.g		

Program Improvement Implementation								
1			2	3	4	5	6	7
Outcome or Systemic Factors and Item(s) Contributing to Non-Conformity			Goal/Negotiated Measure/Percent of Improvement	Action Steps	Method of Measurement	Benchmarks Toward Achieving Goal	Dates of Achievement	
							Benchmark	Goal
	A	N/A						
				assessments. Kathryn Sapp		25.1.h See S2.3.1.h		
				25.2 Strengthen worker/supervisor skills in engaging families in the assessment, case planning and case plan review process to increase parent, caregiver (alternative care provider) and child involvement in case assessment, plan development and reassessment. Kathryn Sapp		25.2.a See S2.3.2.a		
						25.2.b See S2.3.2.b		
						25.2.c See S2.3.2.c		
						25.2.d See S2.3.2.d		
						25.2.e See S2.3.2.e		
						25.2.f See S2.3.2.f		
				25.3 Improve supervisory capacity to monitor practice linking the assessment with the overall plan.  Bonnie Washeck		25.3.a See S2.3.3.a		
						25.3.b See S2.3.3.b		
						25.3.c See S2.3.3.c		
						25.3.d See S2.3.3.d		
						25.3.e See S2.3.3.e		
						25.3.f See S2.3.3.f		
						25.3.g See S2.3.3.g		
						25.3.h See S2.3.3.h		
				25.4 Maximize parental/family involvement in Family Support Team Meetings.  Bonnie Washeck		25.4.a See P1.6.2.a		
						25.4.b See P1.6.2.b		
						25.4.c See P1.6.2.c		
						25.4.d See P1.6.2.d		
						25.4.e See S2.3.2 a		
						25.4.f See S2.3.2 b		
						25.4.g See S2.3.2 c		
						25.4.h See S2.3.2 d		
						25.4.i See S2.3.2 e		
						25.4.j See S2.3.2 f		

Program Improvement Implementation								
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Outcome or Systemic Factors and Item(s) Contributing to Non-Conformity			Goal/Negotiated Measure/Percent of Improvement	Action Steps	Method of Measurement	Benchmarks Toward Achieving Goal	Dates of Achievement	
							Benchmark	Goal
	A	N/A						
				25.5 Improve staff facilitation skills for Family Support Team Meetings.  Jeff Adams	Training curriculum	25.5.a Began offering 25 supplemental FST trainings to selected staff throughout state.	P-Feb 05 A-Feb 05	
						25.5.b Enhanced/Improved FST skill application for BASIC.	P-Feb 05 A-Feb 05	
						25.5.c Advanced FST skill application integrated into advanced Family-Centered Out-of-Home Service In-Service module.	P-May 06 A-May 06	
						25.5.d Advanced FST skill application integrated into Advanced Family-Centered Service In-Service module.	P-Sep 06 A-	
Item 26: Process for 6-month case reviews		X	Baseline 62.8% (derived from average of 8 quarters in FY 2003 and 2004)  6 <sup>th</sup> Quarter performance = 61.0%  Goal 69% (Goal established through method described in Item 15 using Outcomes Report data).		Monitored through CD Outcomes Report Outcome #12: Children with Timely Completion of Permanency Planning Review within 30 Days and 6 Months.			P-Dec 2006  A-
				26.1 Revised current policy to clarify an Administrative Review and requirements  Susan Savage	Draft policy	26.1.a Developed draft policy clarifying administrative review requirements and procedures.	P-Feb 05 A-Jul 04	
						26.1.b Draft policy sent to policy review team and management.	P-Mar 05 A-Aug 04	
					Policy revision	26.1.c Feedback received and revisions made.	P-Apr 05 A-Aug 04	
					Policy disseminated	26.1.d New policy distributed to CD staff.	P-Jun 05 A-Aug 04	

Program Improvement Implementation								
1			2	3	4	5	6	7
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							Benchmark	Goal
	A	N/A						
				26.2 Recruit 3 <sup>rd</sup> party participants for Administrative Reviews	Volunteer list	26.2.a Circuit Managers recruited and trained a pool of qualified volunteers to participate in six month administrative reviews.	P-May 05 A-Nov 05	
				Cindy Wilkinson		26.2.b Circuit Managers scheduled and assigned individual reviewers to cases.	P-May 05 R-Mar 06 A-Mar 06	
				26.3 Increase ability to track 6 month Administrative Reviews separately from FSTs	System logic	26.3.a Met with MIS and developed system logic needed to add fields to SS-61.	P-Aug 04 A-Aug 04	
					CS-1 revision	26.3.b Revised the SS-61 to denote Administrative Review.	P-Jan 05 A-Aug 04	
					Revised form disseminated	26.3.c Revised form and instructions distributed to all CD staff.	P-Jan 05 A-Aug 04	
Item 27: Provides a process that ensures that each child in foster care under the supervision of the State has a permanency hearing in a qualified court or administrative body no later than 12 months from the date the child entered foster care and no less frequently than every 12 months thereafter.		X	Will extract data on most recent court date from ACTS system.  <i>Baseline established on March 31, 2005 86.3%. Goal=88.0%</i>  <b>LS 1-3 children on 7/31/06 = 94.0%</b>  <i>Goal Achieved</i>					P-Dec 2006  A-Apr 2006
				27.1 Improve access to legal representation for		27.1.a See P1.9.4.a		
						27.1.b See P1.9.4.b		

Program Improvement Implementation								
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							Benchmark	Goal
	A	N/A						
				CD.  Jim Harrison		27.1.c See P1.9.4.c		
						27.1.d See P1.9.4.d		
						27.1.e See P1.9.4.e		
						27.1.f See P1.9.4.f		
						27.1.g See P1.9.4.g		
						27.1.h See P1.9.4.h		
						27.1.i See P1.9.4.i		
				27.2 Implement training to develop testifying skills for CD staff.  Jeff Adams		27.2.a Current curriculum evaluated by Division of Legal Services.	P-Apr 05 A-Dec 04	
						27.2.b Obtained technical assistance from DLS, NRC and OSCA.	P-Jun 05 A-Jul 05	
					Curriculum modified	27.2.c Based on evaluation and technical assistance curriculum modified.	P-Oct 05  A-Oct 05	
						27.2.d Modified curriculum approved.	P-Dec 05 A-Dec 05	
					Training curriculum	27.2.e Modified curriculum incorporated into Basic and OJT for existing staff.	P-Mar 06  A-Mar 06	
				27.3 Increase the timeliness of 12 month Permanency Hearings  Cindy Wilkinson Kathryn Sapp		27.3.a See 27.2.a		
						27.3.b See 27.2.b		
						27.3.c See 27.2.c		
						27.3.d See 27.2.d		
						27.3.e See 27.2.e		
					Report on circuits where issues need to be addressed	27.3.f Collaborated with OSCA at the state level to ensure joint accountability for timely court hearings and identify circuits where CD and court issues needed to be addressed.	P-May 05  A-Jun 05	
					Workgroup participant list	27.3.g Developed on-going Court Issues workgroup to monitor timeliness of hearings.	P-June 05  A-Aug 05	
						27.3.h Developed local protocols between the court and CD offices to ensure timely hearings.	P-July 05  A-Aug 05	

Program Improvement Implementation								
1			2	3	4	5	6	7
Outcome or Systemic Factors and Item(s) Contributing to Non-Conformity			Goal/Negotiated Measure/Percent of Improvement	Action Steps	Method of Measurement	Benchmarks Toward Achieving Goal	Dates of Achievement	
							Benchmark	Goal
	A	N/A						
					FST policy revision	27.3.i Revised Family Support Team policy to assure 12 month Permanency Hearing date is discussed and documented during team meeting.	P-Jul 05 A-Jul 05	
						27.3.j Incorporated new FST policy into BASIC and OJT training for existing staff.	P-Aug 05 R-Apr 06 A-Apr 06	
				27.4 Provide cross training to judiciary, court staff, GALs and Children's Division staff on ASFA & Permanency hearings consistent with state and federal regulations.		27.4.a See P1.7.4.a 27.4.b See P1.7.4.b 27.4.c See P1.7.4.c 27.4.d See P1.7.4.d 27.4.e See P1.7.4.e 27.4.f See P1.7.4.f		
				Jeff Adams				
Item 28: Provides a process for termination of parental rights proceedings in accordance with provisions of ASFA.		X	Baseline 83.4%  <b>Goal achieved</b>  Goal 87.5% (Goal established is calculated by taking the average of 8 quarters performance in 2003 and 2004 and adding 5% of the average to measure improvement.)		Monitored through PRR V-14: TPR has occurred or been filed when the child has been in Out-of-Home Care for 15 of the most recent 22 months, or compelling reasons are documented.			P-Dec 2006  A-
				28.1 Improve access to legal representation for CD.		28.1.a See P1.9.4.a 28.1.b See P1.9.4.b 28.1.c See P1.9.4.c		



Program Improvement Implementation								
1			2	3	4	5	6	7
Outcome or Systemic Factors and Item(s) Contributing to Non-Conformity			Goal/Negotiated Measure/Percent of Improvement	Action Steps	Method of Measurement	Benchmarks Toward Achieving Goal	Dates of Achievement	
							Benchmark	Goal
	A	N/A						
				Jim Harrison		28.1.d See P1.9.4.d 28.1.e See P1.9.4.e 28.1.f See P1.9.4.f 28.1.g See P1.9.4.g 28.1.h See P1.9.4.h 28.1.i See P1.9.4.i		
				28.2 Strengthen worker/supervisor skills in engaging families in the assessment, case planning and case plan review process to increase parent, caregiver (alternative care provider) and child involvement in case assessment, plan development and reassessment.  Kathryn Sapp		28.2.a See S2.3.2.a 28.2.b See S2.3.2.b 28.2.c See S2.3.2.c 28.2.d See S2.3.2.d 28.2.e See S2.3.2.e 28.2.f See S2.3.2.f		
				28.3 Termination of Parental Rights will be filed in a timely manner, except when compelling reasons are documented.  Cindy Wilkinson		28.3.a See P1.9.1a 28.3.b See P1.9.1.b 28.3.c See P1.9.1.c 28.3.d See P1.9.1.d 28.3.e See P1.9.1.e		
				28.4 Improve diligent search for relatives/parents  Bonnie Washeck		28.4.a See P1.6.2.a 28.4.b See P1.6.2.b 28.4.c See P1.6.2.c 28.4.d See P1.6.2.d		
				28.5 Collaborate with OSCA to amend	Draft proposal	28.5.a Proposal drafted.	P-Aug 05 A-Aug 05	

Program Improvement Implementation								
1			2	3	4	5	6	7
Outcome or Systemic Factors and Item(s) Contributing to Non-Conformity			Goal/Negotiated Measure/Percent of Improvement	Action Steps	Method of Measurement	Benchmarks Toward Achieving Goal	Dates of Achievement	
							Benchmark	Goal
	A	N/A						
				211.447 RSMo to ensure consistency w/ASFA requirements regarding filing of TPR petitions w/in 60 days of a judicial determination that the child is an abandoned infant, or that no Reasonable Efforts are required.		28.5.b Written proposal reviewed by OSCA and the Department.	P-Oct 05 A-Aug 05	
					Meeting agenda	28.5.c Meetings held between OSCA and the Department of Social Services to finalize proposal.	P-Nov 05 A-Aug 05	
					Draft legislation	28.5.d Advocated for proposed legislation.	P-Jun 06 A-Jul 06	
				Jim Harrison				
Item 29: Provides a process for foster parents, re-adoptive parents, and relative caregivers of children in foster care to be notified of, and have an opportunity to be heard in, any review or hearing held with respect to the child.		X		29.1 Increase ability of foster parents to be notified of and heard in court.		29.1.a Implemented HB 1453.	P-Aug 04 A-Aug 04	P-Dec 2006
				Bonnie Washeck	Consumer survey	29.1.b Revised consumer surveys for foster parents, youth and bio parents to incorporate questions regarding notification of court hearings and opportunity to be heard in court.	P-Jun 05 A-Jun 05	A-
						29.1.c Emphasized to staff the importance of including correct names and addresses in court reports.	P-Mar 05 A-Apr 05	
					Cross training curriculum	29.1.d Comprehensive Child Welfare Training completed with OSCA.	P-May 05 A-May 05	
Item 30: Standards to assure quality services and ensure children's safety and health	X							

Program Improvement Implementation								
1			2	3	4	5	6	7
Outcome or Systemic Factors and Item(s) Contributing to Non-Conformity			Goal/Negotiated Measure/Percent of Improvement	Action Steps	Method of Measurement	Benchmarks Toward Achieving Goal	Dates of Achievement	
							Benchmark	Goal
	A	N/A						
Item 31: Identifiable QA system that evaluates the quality of services and improvements	X							
Item 32: Provision of ongoing staff training that addresses the necessary skills and knowledge	X							
Item 33: Ongoing training for staff		X						P-Dec 2006 A-
				33.1 Develop supervisory training for front line supervisors.  Jeff Adams		33.1.a Professional Development and Training collaborated with HRC for on-going supervisors training.	P-Feb 04	
					Training agenda	33.1.b Implemented Module Four of the CPS Supervisor Training Project.	A-Feb 04 P-Mar 04 A-Apr 04	
					Training agenda	33.1.c Implemented Module Five of the CPS Supervisor Training Project.	P-Jul 04 A-Aug 04	
					Training agenda	33.1.d Implemented Module Six of the CPS Supervisor Training Project.	P-Oct 04 A-Nov 04	
					Debriefing report	33.1.e CPS Supervisor Training Project Debriefing.	P-Dec 04 A-Dec 04	
					List of trainings offered	33.1.f HRC supervisor administrative pre-service training began for CD supervisors.	P-Dec 04 A-Nov 04	
					Curriculum developed	33.1.g Professional Development and Training completed development of new supervisor training curriculum/structure including initial and on-going training.	P-July 05 A-Jul 05	
						33.1.h Training curriculum reviewed and approved by CD management.	P-Aug 05 A-Aug 05	

Program Improvement Implementation								
1			2	3	4	5	6	7
Outcome or Systemic Factors and Item(s) Contributing to Non-Conformity			Goal/Negotiated Measure/Percent of Improvement	Action Steps	Method of Measurement	Benchmarks Toward Achieving Goal	Dates of Achievement	
							Benchmark	Goal
	A	N/A						
						33.1.i Professional Development and Training selected one rural and one metro field test site.	P-Aug 05 A-Aug 05	
						33.1.j Professional Development and Training field tested curriculum in two test sites	P-Sep 05 A-Sep 05	
					Evaluation report	33.1.k Professional Development and Training evaluated field test results	P-Jan 06 A-Jan 06	
					Curriculum revised	33.1.l Professional Development and Training, revised curriculum based on evaluation	P-Jan 06 A-Jan 06	
						33.1.m Professional Development and Training implemented curriculum statewide.	P-Jun 06 A-Jul 06	
				33.2 Develop advanced in-service training module for investigations and assessments  Jeff Adams	Curriculum developed	33.2.a Professional Development and Training developed advanced in-service curriculum for investigators and assessors.	P-Oct 04 A-Sept 04	
						33.2.b CD administration approved advanced investigation and assessment in-service training module.	P-Nov 04 A-Sept 04	
					Training dates	33.2.c Professional Development and Training began training advanced investigation and assessment curriculum.	P-Jan 05 A-Sept 04	
					Curriculum revised	33.2.d Professional Development and Training evaluated advanced investigation and assessment training module and made revisions.	P-June 05 A-Jun 05	
						33.2.e Professional Development and Training implemented revised investigation and assessment advanced in-service training statewide.	P-Jul 05 A-Jul 05	

Program Improvement Implementation								
1			2	3	4	5	6	7
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							Benchmark	Goal
	A	N/A						
				33.3 Develop advanced in-service training module for Family- Centered Services  Jeff Adams	Workgroup participant list	33.3.a Professional Development and Training formed workgroup to develop Family-Centered Services advanced in-service training module.	P-Feb 04 A-Feb 04	
					Focus group report	33.3.b Professional Development and Training workgroup conducted focus groups for feedback on Family-Centered Service training needs.	P-Mar 04 A-Mar 04	
						33.3.c Professional Development and Training reviewed Family-Centered Service focus group feedback.	P-Mar 04 A-Mar 04	
					Curriculum developed	33.3.d Professional Development and Training developed advanced in-service curriculum for Family-Centered Services.	P-Aug 05 A-Aug 05	
						33.3.e CD administration approved advanced Family-Centered Services in-service training module.	P-Aug 05 A-Sep 05	
					Training dates	33.3.f Professional Development and Training began training advanced Family-Centered Services curriculum.	P-Sep 05 A-Oct 05	
					Curriculum revisions	33.3.g Professional Development and Training evaluated advanced Family-Centered Services training module and made revisions.	P-Mar 06 A-Feb 06	
						33.3.h Professional Development and Training implemented revised Family-Centered Services advanced in-service training statewide.	P-Sep 06 A-	
				33.4 Develop advanced in-service training module for Family- Centered Out-of-Home Care services  Jeff Adams	Workgroup participant list	33.4.a Professional Development and Training formed workgroup to develop Family- Centered Out-of-Home Care Services advanced in-service training module.	P-Jun 04 A-Jun 04	

Program Improvement Implementation								
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							Benchmark	Goal
	A	N/A						
					focus group report	33.4.b Professional Development and Training workgroup conducted focus groups for feedback on Family-Centered Out-of-Home Care Services training needs.	P-Jul 04 A-Jul 04	
						33.4.c Professional Development and Training reviewed Family-Centered Out-of-Home Care Services focus group feedback.	P-Jul 04 A-Jul 04	
					Curriculum developed and reviewed	33.4.d Professional Development and Training developed advanced in-service curriculum for Family-Centered Out-of-Home Care Services and reviewed by OSCA.	P-Oct 05 A-Oct 05	
						33.4.e CD administration approved advanced Family-Centered Out-of-Home Care Services in-service training module.	P-Nov 05 A-Feb 06	
					Training dates	33.4.f Professional Development and Training began training advanced Family-Centered Out-of-Home Care Services curriculum in one metro and one rural site.	P-Dec 05 A-Feb 06	
					Curriculum revision	33.4.g Professional Development and Training evaluated advanced Family-Centered Out-of-Home Care Services training module and made revisions.	P-Mar 06 A-Mar 06	
						33.4.h Professional Development and Training implemented revised Family-Centered Out-of-Home Care Services advanced in-service training statewide.	P-May 06 A-May 06	
				33.5 Enhanced On-The-Job (OJT) Training  Jeff Adams	Workgroup participant list	33.5.a Professional Development and Training and Children's Services Specialist formed OJT workgroup.	P-Mar 04 A-Mar 04	
					Evaluation tools developed	33.5.b Workgroup developed new evaluation tools for OJT activities.	P-Mar 05 A-Mar 05	

Program Improvement Implementation								
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							Benchmark	Goal
	A	N/A						
						33.5.c Children's Services Specialists provided enhanced OJT in field and served as clinical mentors/trainers for OJT.	P-June 05 A-Jun 05	
					Core team members	33.5.d Created a core team consisting of social work specialists, supervisors, workers and trainer to enhance the provision of On-the-Job Training (OJT).	P-Jan 06 A-Jan 06	
					List of core skills/competencies	33.5.e Identified core skills/competencies that CD will expect new staff to have after completing BASIC.	P-Apr 06 A-Apr 06	
					Skill guide	33.5.f Beginning skills guide to be developed for use by supervisors.	P-Apr 06 A-Apr 06	
						33.5.g Supervisors commented on the skills/guide list.	P-Jun 06 A-Jun 06	
						33.5.h Skills guide modified after comment periods.	P-Jun 06 A-Jul 06	
						33.5.i Skills guide/list available for statewide use by supervisors.	P-Aug 06 A-	
				33.6 Create training advisory Committee to annually assess needs and evaluate training  Jeff Adams	Advisory Committee participant list	33.6.a Professional Development and Training created state training advisory committee, including schools of social work.	P-Mar 05 R-Oct 06 A-	
					Mission statement	33.6.b Advisory committee developed a mission statement.	P-Apr 05 R-Oct 06 A-	
					Written assessment plan	33.6.c Advisory Committee developed a written plan for assessing training needs	P-May 05 R-Nov 06 A-	
					Written evaluation plan	33.6.d Advisory Committee developed a written plan for evaluating training needs	P-May 05 R-Nov 06 A-	
						33.6.e Plan submitted to CD administrators for approval	P-Jul 05 R-Dec 06 A-	

Program Improvement Implementation								
1			2	3	4	5	6	7
Outcome or Systemic Factors and Item(s) Contributing to Non-Conformity			Goal/Negotiated Measure/Percent of Improvement	Action Steps	Method of Measurement	Benchmarks Toward Achieving Goal	Dates of Achievement	
							Benchmark	Goal
	A	N/A						
				33.7 Develop Child Abuse and Neglect Training (CA/N) Institute for CD staff  Cindy Wilkinson	Committee participant list	33.7.a CA/N Training Institute Planning Partnership committee met to finalize topics and session content for upcoming three CA/N Training Institutes	P-Jan 04 A-Jan 04	
					Training agenda	33.7.b Held first CA/N Training Institute Session	P-Apr 04 A-Jun 04	
					Training agenda	33.7.c Held second CA/N Training Institute	P-Nov 04 A-Nov 04	
					Training agenda	33.7.d Held third CA/N Training Institute	P-Feb 05 A-Feb 05	
				33.8 Provide training based on circuit specific needs  Jeff Adams	Circuit Self-Assessments	33.8.a Circuits completed Circuit Self-Assessments	P-Aug 04 A-Aug 04	
						33.8.b Circuits notified Professional Development and Training Unit of targeted training needs	P-Nov 04 A-Nov 04	
						33.8.c Professional Development and Training Unit to began providing targeted training to circuits based on identified need	P-Jan 05 A-Jan 05	
Item 34: Provision of training for caregivers and adoptive parents that parents addresses the necessary skills and knowledge	X							
Item 35: Service array		X						P-Dec 2006 A-
				35.1 Increase access and availability to dental services  Bonnie Washeck		35.1.a See WB3.22.1.a		
						35.1.b See WB3.22.1.b		
						35.1.c See WB3.22.1.c		
						35.1.d SeeWB3.22.1.d		
						35.1.e SeeWB3.22.1.e		



Program Improvement Implementation								
1			2	3	4	5	6	7
Outcome or Systemic Factors and Item(s) Contributing to Non-Conformity			Goal/Negotiated Measure/Percent of Improvement	Action Steps	Method of Measurement	Benchmarks Toward Achieving Goal	Dates of Achievement	
							Benchmark	Goal
	A	N/A						
				35.2 Increase the ability of staff and families to access Alcohol and Drug Abuse Services (ADA)  Jeff Adams	Curriculum developed	35.2.a Professional Development and Training developed Family Drug and Safety Training based in focus group information	P-Jan 04 A-Jan 04	
					Training agenda and date	35.2.b Presented Drug training to focus group	P-Feb 04 A-Feb 04	
					Field test training	35.2.c Field tested drug training in Southwest region	P-Jun 04 A-Jun 04	
					Training agenda	35.2.d Second field test conducted in Jefferson County	P-Nov 04 A-Nov 04	
					Curriculum revised	35.2.e Curriculum revised to reflect recommendations during field test, including target audiences and how many staff	P-Apr 05 A-Apr 05	
					Training dates and sites	35.2.f Completed three additional Family, Drugs and Safety trainings across the state.	P-Jun 06 A-Jul 06	
				35.3 Increase availability of specialized foster homes for older youth, siblings, disabled and medically fragile children.  Cindy Wilkinson		35.3.a See P1.6.5.a		
						35.3.b See P1.6.5.b		
						35.3.c See P1.6.5.c		
						35.3.d See P1.6.5.d		
						35.3.e See P1.6.5.e		
				35.4 Increase availability of and access to parenting classes and family/parent aide services.  Bonnie Washeck	Circuit self-assessment	35.4.a Through circuit self-assessment, determined available parenting classes and family/parent aide services	P-Mar 05 A-Aug 04	
					CTS contracts	35.4.b Developed performance based CTS contracts for family/parent aide and parenting class service	P-Feb 06 A-Feb 06	

Program Improvement Implementation								
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Outcome or Systemic Factors and Item(s) Contributing to Non-Conformity			Goal/Negotiated Measure/Percent of Improvement	Action Steps	Method of Measurement	Benchmarks Toward Achieving Goal	Dates of Achievement	
							Benchmark	Goal
	A	N/A						
				35.5 Increase services to meet the needs of non-English speaking consumers. Kathryn Sapp	Circuit self-assessments	35.5.a Through circuit self-assessment, determined available interpretive services for non-English speaking clients	P-Mar 05 A-Aug 04	
					Recruitment plans	35.5.b Developed recruitment plan for multi/bilingual staff in circuits with identified need	P-May 05 A-Jul 05	
					Forms translated	35.5.c Made CD forms available in other languages (Spanish to accommodate growing Hispanic population)	P-Dec 05 A-Dec 05	
				35.6 Increase availability of transportation services.  Bonnie Washeck	Circuit self-assessment	35.6.a Available transportation services determined through circuit self-assessment.	P-Mar 05 A-Aug 04	
						35.6.b Recruited regional service organizations to provide transportation services.	P-May 05 A- Jul 05	
					CTS contracts	35.6.c Issued state-wide transportation contracts.	P-Mar 06 A-Feb 06	
Item 36: The services in item 35 are accessible to families and children in all political jurisdictions covered in the State's CFSP.		X						P-Dec 2006  A-
				See Item 35, 1-6				
Item 37: The services in item 35 can be individualized to meet the unique needs of children and families served by the		X						P-Dec 2006  A-

Program Improvement Implementation								
1			2	3	4	5	6	7
Outcome or Systemic Factors and Item(s) Contributing to Non-Conformity			Goal/Negotiated Measure/Percent of Improvement	Action Steps	Method of Measurement	Benchmarks Toward Achieving Goal	Dates of Achievement	
							Benchmark	Goal
	A	N/A						
agency.								
				37.1 Increase access to existing services		See Item 35 1-6		
				37.2 Strengthen worker/supervisor skills in engaging families in the assessment, case planning and case plan review process to increase parent, caregiver (alternative care provider) and child involvement in case assessment, plan development and reassessment.		37.2.a See S2.3.2.a		
						37.2.b See S2.3.2.b		
						37.2.c See S2.3.2.c		
						37.2.d See S2.3.2.d		
						37.2.e See S2.3.2.e		
						37.2.f See S2.3.2.f		
Item 38: Engages in ongoing consultation with critical stakeholders in developing the CFSP	X			Kathryn Sapp				
Item 39: Develops annual progress reports in consultation with stakeholders	X							
Item 40: Coordinates services with other federal programs	X							
Item 41: Standards for foster	X							

Program Improvement Implementation								
1			2	3	4	5	6	7
Outcome or Systemic Factors and Item(s) Contributing to Non-Conformity			Goal/Negotiated Measure/Percent of Improvement	Action Steps	Method of Measurement	Benchmarks Toward Achieving Goal	Dates of Achievement	
							Benchmark	Goal
	A	N/A						
family and child care institutions								
Item 42: Standards are applied equally to all foster family and child care institutions	X							
Item 43: Conducts necessary criminal background checks.	X							
Item 44: Diligent recruitment of foster and adoptive families that reflect children's racial and ethnic diversity.		X						P-Dec 2006 A-
				44.1 Increase the number of resource families.  Cindy Wilkinson		44.1.a See P1.6.5.a		
						44.1.b See P1.6.5.b		
						44.1.c See P1.6.5.c		
						44.1.d See P1.6.5.d		
						44.1.e See P1.6.5.e		
						44.1.f See P 2.12.3.a		
						44.1.g See P 2.12.3.b		
						44.1.h See P 2.12.3.c		
						44.1.i See P 2.12.3.d		
						44.1.j See P 2.12.3.e		
Item 45: Uses cross-jurisdictional resources to find placements	X							

**Children's Bureau  
Child and Family Services Reviews  
IV. Program Improvement Plan Matrix (PIP Matrix)**

State: Missouri

ACF Regional Office:

State contact and telephone: Lee Temmen, 573-526-3735    \_\_\_ Region I    \_\_\_ Region IV    X Region VII    \_\_\_ Region X

ACF Contact and telephone: Ann Burds, 816 426-2260    \_\_\_ Region II    \_\_\_ Region V    \_\_\_ Region VIII

Date and quarter submitted: December 6, 2006 – 7<sup>th</sup> Quarter    \_\_\_ Region III    \_\_\_ Region VI    \_\_\_ Region IX

Blue = under renegotiation

Gray = completed

A = Achieved  
N/A = Not Achieved

**\*Performance derived using the average of pervious four quarters performance**

Program Improvement Implementation								
1			2	3	4	5	6	7
Outcome or Systemic Factors and Item(s) Contributing to Non-Conformity			Goal/Negotiated Measure/Percent of Improvement	Action Steps	Method of Measurement	Benchmarks Toward Achieving Goal	Dates of Achievement	
							Benchmark	Goal
	A	N/A						
<b>Safety Outcome S1:</b>								
<b>Item 1:</b> Timeliness of initiating investigations of reports of child maltreatment		X	Baseline 76.6% (derived from average of 8 quarters in FY 2003 and 2004)  <b>The Goal of achieving 80.4% has been met.</b>		Monitored through CD Outcomes Report Outcome #1: Improve timeliness of initial child contact.			Projected-Dec 2006  Actual-
				S1.1.1 Clarify policy regarding timeliness of initiating reports of child maltreatment.  Kathryn Sapp		S1.1.1.a Refined definition of “initiating” reports.	P-Mar 05 A-Mar 05	
						S1.1.1.b Policy clarified regarding multi disciplinary team contact.	P- Mar 05 A-Mar 05	
						S1.1.1.c Policy clarified regarding face-to-face contact and determining safety of the child.	P-Mar 05 A-Mar 05	
					Policy issuance	S1.1.1.d Policy disseminated to all CD staff.	P-Mar 05 A-May 05	
				S1.1.2 Increase accuracy of data		S.1.1.2.a Data system entry guidelines clarified for “initial contact”.	P-Aug 05 A-Aug 05	

Program Improvement Implementation								
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							Benchmark	Goal
	A	N/A						
				regarding initial contact.		S.1.1.2.b As determined, if needed by policy clarification, additional systems entry codes developed to capture accurate data.	P-Feb 06 A-Jan 06	
				Kathryn Sapp Susan Savage	PRR revised	S1.1.2.c Revised Peer Record review questions to assess accuracy of coding.	P-Sept 05 A-Oct 05	
					Quarterly PRR results	S1.1.2.d Circuit Managers and the assisting QA specialists monitor quarterly Peer Record results and make recommendations for improvements.	P-Ongoing quarterly A-Ongoing quarterly	
				S1.1.3 Study feasibility for alternative protocols for managing non CA/N referrals  Virginia Lewis-Brunk	Demographic data	S1.1.3.a CD/FSD assessed demographics for non CA/N referrals.	P-Apr 04 A-Apr 04	
					Protocol written	S1.1.3.b Protocol written for screening and assigning non CA/N referrals for test sites in Jackson, Clay and Platte Counties.	P-May 04 A-May 04	
					Training agenda	S1.1.3.c Training provided to CD/FSD workers and supervisors regarding new protocol for testing.	P-May 04 A-May 04	
						S1.1.3.d Launched a non CA/N referral alternate response process in Jackson, Clay and Platte Counties.	P-Jul 04 A-Jul 04	
					Pilot data	S1.1.3.e Convened workgroup to evaluate CD/FSD pilot for non CA/N referrals.	P-Jan 05 A-Jan 05	
					Recommendations report	S1.1.3.f Workgroup to provide recommendations for modifications of non CA/N referral protocol and test site continuation.	P-Apr 05 A-Apr 05	
					Recommendation Plan	S1.1.3.g Recommendation plans finalized.	P-Apr 05 A-Apr 05	
					Implementation plan	S1.1.3.h Implementation plans finalized to implement in target areas	P-Aug 05 A-Apr 05	
				S1.1.4 Develop improvement plan to respond timely to	Circuit self-assessments	S1.1.4.a Circuit level assessment to evaluate CA/N response completed.	P-Oct 04 A-Aug 04	

Program Improvement Implementation								
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Outcome or Systemic Factors and Item(s) Contributing to Non-Conformity			Goal/Negotiated Measure/Percent of Improvement	Action Steps	Method of Measurement	Benchmarks Toward Achieving Goal	Dates of Achievement	
							Benchmark	Goal
	A	N/A						
				reports of maltreatment	Established protocol	S1.1.4.b Local protocol for CA/N response established.	P-Mar 05 A-Mar 05	
				Kathryn Sapp	Implemented protocol	S1.1.4.c Implemented local protocol for improvement of maltreatment.	P-Apr 05 A-Apr 05	
						S1.1.4.d Monitored the improved timeliness of initial child contact.	P-Jul 05 A-Jul 05	
				S1.1.5 Call Management and Structured Decision Making (SDM) Protocols Implemented at the Child Abuse and Neglect Hotline Unit (CA/N HU) to provide consistent screening and classification of calls received.	Protocols developed	S1.1.5.a Began development of SDM and Call Management protocols for CA/N HU.	P-Dec 03 A- Dec 03	
						S1.1.5.b Incorporated SDM and Call management protocols into CA/N HU process.	P-Apr 04 A-Apr 04	
					Training agenda	S1.1.5.c Remaining CA/N HU staff trained on protocols and using call management system.	P-Aug 04 A-Aug 04	
					CA/N HU Supervisory Review Tool developed	S1.1.5.d CA/N HU Supervisory Review tool developed to assess quality.	P-Sept 05 A-Sept 05	
						S1.1.5.e CA/N Hotline protocols automated.	P-Sept 05 A-Jun 05	
					PRR revision	S1.1.5.f Added CA/N HU section to the Peer Record Review tool.	P-Sept 05 A-Oct 05	
					PRR tool analysis. On going data collected and reviewed quarterly.	S1.1.5.g Collected and analyzed PRR tool results for practice enhancements. Analysis.	P-Jan 2006 Ongoing Quarterly A- Jan 06 Quarterly	
				S1.1.6 Revised policy relating to non CA/N referrals (M,P,N) given the division's need to better address its core functions and statutory mandates, with existing available resources.	PowerPoint Presentation	S1.1.6.a. Revised and provided training as needed to community partners on differences between CA/N reports and non-CA/N (mandated reporter) related Alpha referrals.	P-Feb 05 Ongoing A-Feb 05 Ongoing	
						S1.1.6.b. Local staff presented training to school personnel as requested.	P-July 05 A-July 05	
						S1.1.6.c. Defined what statutory core functions are.	P-Dec 05 A-Dec 05	

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				Kathryn Sapp	Draft plan	S1.1.6.d. Developed proposed plan for information dissemination on practice changes regarding non CA/N calls.	P- Dec 05 A-Dec 05	
					Consult with NRC-CPS	S1.1.6.e. Consulted with National Resource Center on Child Protective Services regarding non CA/N referrals.	P-Feb 06 A-Nov 05	
						S1.1.6.f. Shared proposed plan with Regional Directors.	P-Apr 06 A-Apr 06	
					Modified plan	S1.1.6.g. Modified proposed plan, if needed, based on recommendations of the Regional Director	P-May 06 A-May 06	
						S1.1.6.h Shared proposed plan with and provided (mandated reporter) training to CJA taskforce.	P-Jun 06 A-Jun 06	
					CJA recommendations	S1.1.6.i .Shared CJA taskforce recommendations with CD administration.	P-Jul 06 A-Jul 06	
						S1.1.6.j. CD continued to accept non CA/N referrals based on feedback from CJA Taskforce and other community partners, but continued to discuss alternative ways of handling these calls of concern.	P-Oct 06 Ongoing A-Oct 06 Ongoing	
						S1.1.6.k. Continued to provide mandated reporter training to MO Hospital and School Counselors Associations.	P-Nov 06 A-	
Item 2: Repeat maltreatment  Recurrence of Maltreatment:  Of all children who were victims of a substantiated or indicated maltreatment		X	CA/N Recidivism Nat'l Standard 6.1 % or less MO FFY 2003 NCANDS  Baseline 8.3% NCANDS Goal 7.4% (Based on Federal formula for goal setting.					P-Dec 2006  A-Sept 2005



Program Improvement Implementation								
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							Benchmark	Goal
	A	N/A						
Of all children who were victims of a substantiated or indicated maltreatment report in the first six months of the fiscal year, what percent were victims of another substantiated or indicated report within a 6 month period			7th quarter performance= 4.7% based on quarterly Outcome Report not NCANDS. NCANDS data not available quarterly.					
				S1.2.1 Ensure consistent and accurate completion of SDM safety and risk assessment.  Kathryn Sapp Cindy Wilkinson	PRR revision	S1.2.1.a Incorporated SDM safety and risk assessment questions into Peer Record Review Tool.	P-Jan 04	
					Training curriculum	S1.2.1.b Modified BASIC training curriculum and ongoing training curriculum based on PRR results.	A-Feb 04 P-Feb 04	
					Training agenda	S1.2.1.c Conducted initial in-service training with CD and court staff.	A-Mar 04 P-Jun 04 A-Jun 04	
					Evaluation Report	S1.2.1.d Evaluated SDM Peer Record Review Outcomes.	P & A-On-going & quarterly	
					In-service training agenda	S1.2.1.e Convene workgroup to finalize SDM review tool and instruction to field.	P-Feb 05 A-Dec 04	
						S1.2.1.f Instruct field staff to review 10% of cases using SDM review tool.	P-Apr 05 A-Apr 05	
						S1.2.1.g Evaluate results of review, identify circuits whose needs are more imminent for the training.	P-Jul 05 A-Jul 05	
						S1.2.1.h As needed, provided training to circuits identified with imminent need.	P-Sep 05 ongoing A-Sep 05	

Program Improvement Implementation								
1			2	3	4	5	6	7
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							Benchmark	Goal
	A	N/A						
<b>Incidence of Child Abuse and/or Neglect in Foster Care:</b>  Of all children who were in foster care during the reporting period of the fiscal year, what percent experienced maltreatment from foster parents or facility staff members?			CA/N in AC Nat'l Standard 0.57% or less  MO FFY 2003 NCANDS Baseline 0.37%  <b>Goal Achieved</b>					P-Jan 2007  A-
				S1.2.2 Implementation of "Confirming Safe Environments" (CSE) process.  Susan Savage	Training agenda  Training agenda   Evaluation report  Review of CSE curriculum  Workgroup recommendations report	S1.2.2.a All staff trained in CSE process in test sites of Pettis, Cooper, and Greene.  S1.2.2.b Trained one Out-of-Home Unit on CSE in St. Louis City.  S1.2.2.c In-house expertise developed for training  S1.2.2.d Central Office staff summarized test site implementation in Pettis, Cooper and Greene for Child Protection  S1.2.2.e Strengths in summary and CSE curriculum identified by Visitation Workgroup.  S1.2.2.f. Visitation Workgroup presented recommendations on enhancing visitation and safety policies throughout the continuum of services to Executive staff.  S1.2.2.g. Executive staff met to approve recommendations.	P-Jul 04  A-Jul 04  P-Jul 04  A-Jul 04  P-Dec 04  A-Dec 04  P-Mar 05  A-Mar 05  P-Aug 05  A-Aug 05  P-Nov 05  A-Nov 05  P-Jan 06  A-Jan 06	

Program Improvement Implementation								
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Outcome or Systemic Factors and Item(s) Contributing to Non-Conformity			Goal/Negotiated Measure/Percent of Improvement	Action Steps	Method of Measurement	Benchmarks Toward Achieving Goal	Dates of Achievement	
							Benchmark	Goal
	A	N/A						
						S.1.2.2.h. Central Office staff met to begin addressing policy assignments.	P-Feb 06 A-Feb 06	
						S1.2.2.i Developed safety policy regarding assessment of safety at and throughout placement.	P-Apr 06 A-Apr 06	
					Meeting notes	S1.2.2.j Staff Training and Development met to discuss incorporating Visitation Workgroup recommendations into training for staff and foster parents	P-Apr 06 A-Apr 06	
					Policy memo	S1.2.2.k Policy memo disseminated to staff.	P-May 06 A-May 06	
					Training plan	S1.2.2.l Training began on policy enhancements to new and existing staff.	P-Jul 06 A-Jul 06	
				S1.2.3 Strengthen policy regarding assessment of safety at and throughout placement.  Cindy Wilkinson	Convened Visitation workgroup	S1.2.3.a Visitation Workgroup convened to review current visitation and safety policy.	P-May 05 A-May 05	
					Workgroup Recommendations	S1.2.3.b Visitation Workgroup presented recommendations on enhancing visitation and safety policies throughout the continuum of services to Executive staff.	P-Nov 05 A-Nov 05	
					Draft policy	S1.2.3.c Developed safety policy regarding assessment of safety at and throughout placement.	P-Apr 06 A-Apr 06	
						S1.2.3.d Staff Training and Development met to discuss incorporating Visitation Workgroup recommendations into training for staff and foster parents.	P-Apr 06 A-Apr 06	
					Policy disseminated	S1.2.3.e Policy disseminated.	P- May 06 A-June 06	
						S1.2.3.f Training began on policy enhancements to new and existing staff	P-Jul 06 A-Jul 06	
				S1.2.4 Practice Enhancement Teams (PET) assist Circuit		S1.2.4.a Developed PET roles and responsibilities.	P-Feb 05 A-Feb 05	

Program Improvement Implementation								
1			2	3	4	5	6	7
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							Benchmark	Goal
	A	N/A						
				Managers in development of improvement strategies to reduce repeat maltreatment and CA/N in foster care.  Bonnie Washeck	Organizational Chart	S1.2.4.b PET teams developed.	P-Mar 05 A-Mar 05	
					Current data on repeat maltreatment	S1.2.4.c Convened PET teams to review Circuit Self-Assessments in the areas of repeat maltreatment and CA/N in foster care.	P-Apr 05 A-Apr 05	
					List of strategies –	S1.2.4.d PET teams and Circuit Managers developed improvement strategies.	P-May 05 A-Jul 05	
					Program improvement plans developed	S1.2.4.e Program improvement plans implemented by Circuit Managers and staff.	P-Aug 05 A-Aug 05	
				S1.2.5. Strengthen policy and practice relating to chronic neglect and accumulation of harm.  Kathryn Sapp	Analysis report	S1.2.5.a Statewide analysis of families with multiple reports completed by CD and Institute of Applied Research (IAR).	P-June 04 A-Feb 04	
					Waiver application	S1.2.5.b Submit revised Title IV-E waiver application for Chronic Neglect pilot.	P-Jan 05 A-May 05	
					Training curriculum	S1.2.5.c Training Curriculum for pilot sites developed regardless of waiver outcome.	P-July 05 A-Jun 05	
						S1.2.5.d Three pilot sites selected (Jasper, McDonald and Newton counties) based on negotiations with Federal partners.	P-July 05 A-Jun 05	
					Training agenda	S1.2.5.e Pilot sites trained by FCS consultants.	P-Jul 05 A-Jun 05	
					IAR Screening Tool	S1.2.5.f Used IAR's screening tool to determine if families meet the CN criteria.	P-Nov 05 A-Oct 05	
					Tracking tool	S1.2.5.g Developed a tool for manual tracking of CN families to be utilized throughout pilot	P-Feb 06 R-May 06 A-May 06	
						S1.2.5.h Met with Regional and Circuit administrators to strategize about next steps and community forum.	P-Jun 06 A-Jun 06	

Program Improvement Implementation								
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							Benchmark	Goal
	A	N/A						
						S1.2.5.i Held community forum to gain support from stakeholder.	P-Jul 06 R-Aug 06 A-Aug 06	
						S1.2.5.j Initiated pilot.	P-Aug 06 R-Oct 06 A-Sep 06	
					Evaluation report	S1.2.5.k CD staff evaluated short term output of pilot effectiveness.	P-Jan 07 A-	
				S1.2.6 Develop performance-based contract for foster parents Bonnie Washeck	Licensing rules	S1.2.6.a Incorporated HB 1453 legislation regarding the Professional Family Development Plan (PFDP) into Licensing rules.	P-May 05  A-May 05	
						S1.2.6.b Identified the performance based criteria required for the PFDP.	P-Aug 05 A-Oct 05	
						S1.2.6.c Informed foster parents of PFDP criteria at assessment and reassessment	P-Aug 05 ongoing A-Oct 05	
					Memo	S1.2.6.d Identify plan to inform CD staff of new requirements for foster parents.	P-Nov 05  A-Apr 06	
					Training agenda	S1.2.6.e Trained CD staff on PFDP and how to assist family in developing and implementing the plan.	P-Feb 06 A-Mar 06	
						S1.2.6.f Identified resources for foster families to use to successfully implement PFDP.	P-Mar 06  A-Mar 06	
						S1.2.6.g Initiated PFDP for all new and reassessed foster parents.	P-May 06 A-May 06	
<b>Safety Outcome S2:</b>								
<b>Item 3:</b> Services to family to protect child(ren) in home and prevent removal		X	Renegotiated Baseline = 88.1%  7th quarter PRR performance = 90.0%		Peer Record Review (PRR) IV-13. Services being provided to the family are adequate to meet their needs as			P-Dec 2006  A-July 2006

Program Improvement Implementation								
1			2	3	4	5	6	7
Outcome or Systemic Factors and Item(s) Contributing to Non-Conformity			Goal/Negotiated Measure/Percent of Improvement	Action Steps	Method of Measurement	Benchmarks Toward Achieving Goal	Dates of Achievement	
							Benchmark	Goal
	A	N/A						
			Renegotiated goal = 89.9% (Goal established is calculated by taking the 4 <sup>th</sup> quarter performance and adding 2% increase for improvement.)		identified in the assessment.  (Previous measure used was IV-15).			
				S2.3.1 Improve family assessment and case plan tools to better link service provision to the needs of the family identified in the initial and ongoing assessments; include a mechanism for family self-assessment and identified areas <b>specifically</b> related to child safety and risk concerns (to be completed concurrently with S2.3.2)  Kathryn Sapp	Draft of CD-14	S2.3.1.a CD-14 family assessment tool field test initiated in Circuit 2.	P-Sep 04 A-Sep 04	
						S2.3.1.b CD-14 family assessment tool field test expanded to other sites.	P-May 05 A-Feb 05	
					Evaluation report	S2.3.1.c Results of field test evaluated and analyzed by staff and work group.	P-Jun 05 A-Mar 05	
					Revised CD-14	S2.3.1.d Revised CD-14 as needed.	P-Jul 05 A-Apr 05	
						S2.3.1.e Recommendations regarding changes made.	P & A On-going	
					Policy issuance	S2.3.1.f Policy issued with new documents and instructions.	P-Oct 05 R-Jan 06 A-Dec 05	
					Training	S2.3.1.g Training of existing staff completed.	P-Jan 06 A-Feb 06	
						S2.3.1.h Incorporated changes into BASIC training.	P-Jan 06 A-Feb 06	
				S2.3.2 Strengthen worker/supervisor skills in engaging families in the assessment, case planning and case plan review process to increase parent, caregiver (alternative care provider) and child involvement in case assessment, plan		S2.3.2.a Conducted focus groups (workers, supervisors, circuit managers and consumers) in four circuits (circuits 1, 2, 10, 41) to identify clinical support needs.	P-Aug 04  A-Aug 04	
					Supplemental Supervisory Training	S2.3.2.b Focus group results compiled and used for supplemental supervisory training.	P-Oct 04 A-Oct 04	
					Training curriculum developed and began	S2.3.2.c Training curriculum developed and supplemental FST training began.	P-Feb 05 A-Feb 05	

Program Improvement Implementation								
1			2	3	4	5	6	7
Outcome or Systemic Factors and Item(s) Contributing to Non-Conformity			Goal/Negotiated Measure/Percent of Improvement	Action Steps	Method of Measurement	Benchmarks Toward Achieving Goal	Dates of Achievement	
							Benchmark	Goal
	A	N/A						
				development and reassessment.		S2.3.2.d Up to twenty sessions of Supplemental Supervisory training for all Supervisor I's began.	P-Feb 05 A-Mar 05	
				Bonnie Washeck	Training agenda and summary of feedback	S2.3.2.e Training provided for existing staff and feedback solicited from trainees on training.	P-Oct 05 A-Oct 05	
					Survey results and circuit improvement plans	S2.3.2.f PET teams annually analyzed family satisfaction survey data and PDR results for improvement with the expectation that circuits develop methods to improve.	P-Nov 05 annually R-Apr 06 A-Apr 06	
				S2.3.3 Improve supervisory capacity to monitor enhanced practice relating to case planning. Susan Savage		S2.3.3.a Reviewed existing supervisory case review tools.	P-May 05 A-May 05	
					Draft of tool	S2.3.3.b Created draft standardized supervisory case review tool.	P-June 05 A-Sept 05	
						S2.3.3.c Supervisory case review tool field tested by selected supervisors.	P-Sept 05 A-Sept 05	
					Feedback summary	S2.3.3.d Feedback from field testing reviewed by review team.	P-Jan 06 A-Dec 05	
					Tool revision	S2.3.3.e Supervisory case review tool revised as needed.	P-Jan 06 A-Jan 06	
					Protocol established and manual revision	S2.3.3.f Protocol for supervisory case review established and manual revisions made.	P-Jan 06 A-Jan 06	
						S2.3.3.g System automation completed for supervisory case review tool.	P-Feb 06 R-Jul 06 A-Jul 06	
					Policy disseminated and implemented	S2.3.3.h Supervisory case review tool and protocols approved and distributed for statewide use.	P-Feb 06 R-Jul 06 A-Jul 06	
				S2.3.4 Establish procedures to access various service funding streams. Bonnie Washeck		S2.3.4.a Developed service access funding grid and guidelines.	P-Aug 05 A-Aug 05	
					Guidelines distributed	S2.3.4.b Distributed service access funding grid and guidelines to all staff.	P-Sept 05 A-Feb 06	

Program Improvement Implementation								
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Outcome or Systemic Factors and Item(s) Contributing to Non-Conformity			Goal/Negotiated Measure/Percent of Improvement	Action Steps	Method of Measurement	Benchmarks Toward Achieving Goal	Dates of Achievement	
							Benchmark	Goal
	A	N/A						
				S2.3.5. Per new legislation, develop state comprehensive children's mental health plan to increase level of cooperation between court, mental health, child welfare and families.  Jim Harrison		S2.3.5.a Barriers identified for children needing mental health services.	P-Jan 05 A-Jan 05	
						S2.3.5.b Funding mechanisms established for providing mental health services.	P-Jan 05 A-Jan 05	
					Coordination plan	S2.3.5.c Plan developed for coordination of resources from multiple agencies.	P-Jan 05 A-Jan 05	
						S2.3.5.d Evaluation methodology established.	P-Jan 05 A-Jan 05	
					Report submission	S2.3.5.e Report with recommendations submitted to legislators and governor.	P-Jan 05 A-Jan 05	
Item 4: Risk of harm to child(ren)		X			PRR IV-13 was removed as a measure for this item per 4 <sup>th</sup> quarter renegotiation.			P-Dec 2006  A-July 2006
				S2.4.1 Ensure consistent and accurate completion of SDM safety and risk assessment.  Cindy Wilkinson	SDM Review Tool	S2.4.1.a See S1.2.1.a		
						S2.4.1.b See S1.2.1.b		
						S2.4.1.c See S1.2.1.c		
						S2.4.1.d See S1.2.1.d		
						S2.4.1.e See S1.2.1.e		
						S2.4.1.f See S1.2.1.f		
						S2.4.1.g See S1.2.1.g		
						S2.4.1.h See S1.2.1.h		
				S2.4.2 Implementation of "Confirming Safe Environments" process.  Susan Savage		S2.4.2.a See S1.2.2.a		
						S2.4.2.b See S1.2.2.b		
						S2.4.2.c See S1.2.2.c		
						S2.4.2.d See S1.2.2.d		
						S2.4.2.e See S1.2.2.e		
						S2.4.2.f See S1.2.2.f		
						S2.4.2.g See S1.2.2.g		
						S2.4.2.h See S1.2.2.h		



Program Improvement Implementation								
1			2	3	4	5	6	7
Outcome or Systemic Factors and Item(s) Contributing to Non-Conformity			Goal/Negotiated Measure/Percent of Improvement	Action Steps	Method of Measurement	Benchmarks Toward Achieving Goal	Dates of Achievement	
							Benchmark	Goal
	A	N/A						
						S2.4.2.i See S1.2.2.i S2.4.2.j See S1.2.2.j S2.4.2.k See S1.2.2.k S.2.4.2.l See S1.2.2.l		
				S2.4.3 Implement enhanced background screening for foster/kinship and court ordered providers.  Cindy Wilkinson	Policy disseminated	S2.4.3.a Policy for enhanced background screening implemented statewide.	P-Aug 04 A-Aug 04	
						S2.4.3.b Policy updates and supervisory consultations with existing staff.	P-Aug 04 A-Aug 04	
						S2.4.3.c Incorporated enhanced background screening into on-going STARS and BASIC training.	P-Nov 04 A-Nov 04	
				S2.4.4 Development of "Culture of Care Initiative" for improving safety and nurturance of children in a residential care setting.  Fred Proebsting	Committee member list	S2.4.4.a Work committees formed with volunteers from residential sites to develop curriculum.	P-Jan 04 A-Jan 04	
					Curriculum	S2.4.4.b Curriculum Drafted.	P-Mar 04 A-Mar 04	
						S2.4.4.c Curriculum approved by CD administration.	P-May 04 A-May 04	
						S2.4.4.d Roundtables held with CEO's to discuss curriculum.	P-Jul 04 A-Jul 04	
					Training agenda	S2.4.4.e NRC Train-the-Trainers session held/2 days in KC and St. Louis for residential licensed providers.	P-Aug 04 A-Aug 04	
						S2.4.4.f Measured through a reduction of the number of preponderance of evidence reports received by the residential treatment facilities.	P-Ongoing A-Ongoing	
				S2.4.5 Improve family assessment and case plan tools to better link service provision to the needs of the family identified in the initial		S2.4.5.a See S2.3.1.a S2.4.5.b See S2.3.1.b S2.4.5.c See S2.3.1.c S2.4.5.d See S2.3.1.d S2.4.5.e See S2.3.1.e S2.4.5.f See S2.3.1.f		

Program Improvement Implementation								
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Outcome or Systemic Factors and Item(s) Contributing to Non-Conformity			Goal/Negotiated Measure/Percent of Improvement	Action Steps	Method of Measurement	Benchmarks Toward Achieving Goal	Dates of Achievement	
							Benchmark	Goal
	A	N/A						
				and ongoing assessments; include a mechanism for family self-assessment and identified areas <b>specifically</b> related to child safety and risk concerns.  Kathryn Sapp		S2.4.5.g See S2.3.1.g  S2.4.5.h See S2.3.1.h		
<b>Permanency Outcome 1</b>								
<b>Item 5</b>	X		Passed CFSR On-site review and 2002 AFCARS					
<b>Item 6:</b> Stability of foster care placement		X	Stability in foster care. Nat'l Standard 86.7% or more  7th quarter performance based on quarterly outcomes report = <b>78.5%</b> * not AFCARS formula. AFCARS data not available. MO FFY 2003 78.6% AFCARS Goal 80.5% (Based on Federal formula for goal setting). Data profile: 8-3-06 Rolling yr. end 3/31/06 for stability = 81.5%					P-Dec 2006  A-

Program Improvement Implementation								
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Outcome or Systemic Factors and Item(s) Contributing to Non-Conformity			Goal/Negotiated Measure/Percent of Improvement	Action Steps	Method of Measurement	Benchmarks Toward Achieving Goal	Dates of Achievement	
							Benchmark	Goal
	A	N/A						
				P1.6.1 Increase system capacity to accurately track placement kinship vendor types.  Lesley Pettit		P1.6.1.a Logic created to track additional placement types 1) Kin, Related, Not licensed 2) Kin, Non-related, Not licensed 3) Kin, Non-related, Licensed.	P-Mar 05	
						P1.6.1.b Coding changes in Legacy completed.	A-Feb 05	
					Policy disseminated	P1.6.1.c Policy updated and distributed to CD staff.	P-May 05 A-May 05	
					Data converted	P1.6.1.d Staff will convert existing data to reflect accurate placement types.	P-Aug 05 A-Sep 05	
					Quarterly Outcome Report	P1.6.1.e Staff will convert existing data to reflect accurate placement types.	P-Dec 05	
				P1.6.2 Improve diligent search for relatives/missing parents.  Bonnie Washeck		P1.6.1.e Coding changes to be reflected in Quarterly Outcome Report.	A-Feb 06	
						P1.6.2.a Potential explored for CD staff to access existing diligent search mechanisms.	P-Apr 06	
					Procedure disseminated	P1.6.2.b Coding changes to be reflected in Quarterly Outcome Report.	A-Mar 06	
						P1.6.2.b Diligent search procedure developed, distributed, and monitored through supervisory oversight.	P-Jul 04	
						P1.6.2.c Established agreements, as necessary, with other state agencies (possibly through Family Support Division and OSCA) to enhance access to state databases as mechanisms for diligent search.	A-Jul 04	
						P1.6.2.d CD staff utilize enhanced diligent search mechanism and monitored through supervisory oversight.	P-Aug 04	
					Quarterly outcome reports	P1.6.2.d CD staff utilize enhanced diligent search mechanism and monitored through supervisory oversight.	A-Aug 04	
						P1.6.2.d CD staff utilize enhanced diligent search mechanism and monitored through supervisory oversight.	P-Mar 05	
				P1.6.3 Expand use of family support team meetings to promote stability in alternative care placements  Kathryn Sapp	Plan disseminated	P1.6.3.a Plan written and disseminated for HB 1453 requirement of a FST prior to or immediately after an impending move.	A-Apr 05	
						P1.6.3.b Made ACTS system changes to track FSTs held prior to or immediately after a move.	P-Apr 05	
						P1.6.3.b Made ACTS system changes to track FSTs held prior to or immediately after a move.	A-Aug 04	

Program Improvement Implementation								
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							Benchmark	Goal
	A	N/A						
				Cindy Wilkinson		P1.6.3.c Central Office staff provided training to regional staff on HB 1453 requirements	P-Aug 04	
						P1.6.3.d Regional staff provided localized training to existing staff on HB 1453 requirement	A-Aug 04	
						P1.6.3.e Policy incorporated into BASIC training.	P-Sep 04	
						P1.6.3.f Updated PRR to assure pre-placement FSTs.	A-Sep 04	
				Cindy Wilkinson	PRR	P1.6.3.f Updated PRR to assure pre-placement FSTs.	P-Dec 04	
					Circuit data	P1.6.4.a Resource and recruitment contractors worked with circuits to determine resource family needs.	A-Dec 04	
						P1.6.4.b Recruitment plan targeting resource families written into a circuit management plan to address identified need.	P-Feb 05	
					Circuit management plan	P1.6.4.c Extended current Foster Care/Adoption Resource Services contract	A-Mar 05	
					Contract extension	P1.6.4d Circuit reported quarterly progress on recruitment activities	A-Apr 05	
				Circuit progress reports	NRC Technical Assistance plan	P1.6.4e Consulted with the National Resource Center for Family Centered Practice and Permanency Planning regarding recruitment of resource families.	P-May 05	
						P1.6.4f Circuit reported quarterly progress on recruitment activities	A-Jul 05	
					Circuit progress reports	P1.6.4g Circuit reported quarterly progress on recruitment activities	P-Nov 05	
				Cindy Wilkinson	Recruitment and retention plan developed	P1.6.5.a Recruitment and retention plan for foster home serving older youth implemented through Chafee program.	A-Nov 05	
					Adopt US Kids campaign	P1.6.5.b Implemented Adopt US Kids campaign.	P-Feb 06	
					Request for Proposal	P1.6.5.c RFP written and released for performance based case management contracts (PBC).	A-Feb 06	

Program Improvement Implementation								
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							Benchmark	Goal
	A	N/A						
					Award letters	P1.6.5.d Awarded PBC contracts.	P-Jun 05 A-Jun 05	
						P1.6.5.e PBC Case Management Services began	P-Sep 05 A-Sep 05	
					Contract extension	P1.6.5.f Extended current Foster Care/Adoption Resource Services contract.	P-Nov 05 A-Nov 05	
					ACTS data report	P1.6.5.g Quarterly report on PBC contractors' performance on stated child outcome on safety, permanency, and stability.	P-Feb 06 quarterly A-Feb 06	
					NRC Technical Assistance plan	P1.6.5.h Consulted with the National Resource Center for Family Centered Practice and Permanency Planning regarding recruitment of resource families.	P-Mar 06 A-Jan 06	
					Annual report	P1.6.5.i Annual report to General Assembly regarding PBC regarding case management, recruitment and training outcomes.	P-Jul 06 annually A-Jul 06	
				P1.6.6 Identify multiple causes affecting placement stability and explore possible solutions.  Cindy Wilkinson		P1.6.6.a Consulted with the National Resource Center for Family Centered Practice and Permanency Planning (NRC FCP-PP) regarding "critical" factors in placement stability.	P-Mar 06 A-Jan 06	
					Survey results	P1.6.6.b Surveyed resource families to gather information regarding placement stability.	P-May 06 A-May 06	
						P1.6.6.c Convened stability workgroup to meet with NRC FCP-PP to identify issues impacting stability.	P-Aug 06 A-Aug 06	
						P1.6.6.d Stability workgroup identified and began to develop work plan areas to improve.	P-Aug 06 A-Aug 06	
						P1.6.6.e Central Office staff analyzed Outcomes Reporting data to determine circuits needing additional supports to improve stability for children.	P-Nov 06 A-	

Program Improvement Implementation								
1			2	3	4	5	6	7
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							Benchmark	Goal
	A	N/A						
						P1.6.6.f. Consulted with Regional Directors and QA Staff to finalize targeted circuits and conference calls scheduled with circuits identified as needing additional supports.	P- Dec 06 A-	
						P.1.6.6.g. Scheduled targeted case reviews with circuits needing additional supports for purpose of developing circuit specific action plan.	P-Jan 07 A-	
						P1.6.6.h. Circuits provided monthly report to Central Office on strategies to improve placement instability, including convening a FST prior to move and support services to resource families.	P-Jan 07 Ongoing A-	
				P1.6.7 Evaluate support and training provided for relative/kinship resource families  Cindy Wilkinson Jeff Adams	Survey	P1.6.7.a Surveyed current relative caregivers on the adequacy of the Caregiver who Knows the Child training curriculum.	P-Dec 05 A-Feb 06	
					Analysis report	P1.6.7.b Data Collected and analyzed.	P-Feb 06 A-Apr 06	
					Curriculum revision	P1.6.7.c Based on curriculum modifications, training to began to be delivered to newly licensed relative/kinship providers.	P-Sep 06 R-Jan 07 A-	
Item 7: Permanency goal for child		X	Renegotiated Baseline = 81.3%  7th quarter PRR results = 86.5%  Renegotiated goal 82.9% (Goal established is calculated by taking the 4 <sup>th</sup> quarter performance and adding 2% increase		PRR V-12 The permanency plan was developed and it includes options for concurrent planning.			P-Dec 2006  A-May 2006

Program Improvement Implementation								
1			2	3	4	5	6	7
Outcome or Systemic Factors and Item(s) Contributing to Non-Conformity			Goal/Negotiated Measure/Percent of Improvement	Action Steps	Method of Measurement	Benchmarks Toward Achieving Goal	Dates of Achievement	
							Benchmark	Goal
	A	N/A						
			for improvement.)					
				P1.7.1 Ensure the frequency and timeliness of Family Support Team Meetings occurs per policy Kathryn Sapp Cindy Wilkinson	Circuit Self Assessment	P1.7.1.a Circuit Managers analyzed FST frequency data through circuit self assessment.	P-Aug 04 A-Aug 04	
					Corrective action plans	P1.7.1.b Initiated corrective action when data falls below goal set in strategic plan.	P-Feb 05 A-Apr 05	
					Quarterly data reports	P1.7.1.c Circuit Managers assisted by PET monitored frequency data	P & A-Ongoing quarterly	
				P1.7.2 Improve quality of Family Support Teams (FSTs) to ensure permanency goal is reviewed and established  Kathryn Sapp Cindy Wilkinson		P1.7.2.a Made ACTS systems changes to track permanency reviews separately from FSTs.	P-Aug 04 A-Aug 04	
					Policy developed	P1.7.2.b Policy written on ACTS systems changes and elements necessary for permanency reviews.	P-Sep 04 A-Aug 04	
					Policy disseminated	P1.7.2.c Policy disseminated to all staff.	P-Sep 04 A-Aug 04	
					Training agenda	P1.7.2.d Incorporated ACTS system changes and policy into BASIC and computer systems training.	P-Jan 05 A-Oct 04	
					List of facilitators	P1.7.2.e Identified individuals who will serve as expert facilitators for more difficult FSTs.	P-Mar 05 A-Jul 05	
					Protocol developed	P1.7.2.f Protocol developed for accessing expert facilitators.	P-Apr 05 A-May 05	
					Training agenda	P1.7.2.g Trained expert facilitators.	P-Apr 05 R-Jan 06 A-Jan 06	
					Memo disseminated	P1.7.2.h Memo describing expert facilitator access protocol and expert facilitator duties distributed to all staff.	P-Apr 05 R-Jan 06 A-Jan 06	
				P1.7.3 Strengthen policy and practice relating to concurrent planning.		P1.7.3.a Circuit Managers monitored outcomes through PRR tool.	P-Mar 05 A-Mar 05	
					Improvement plans	P1.7.3.b Circuit Managers assisted by the PET to develop improvement plans.	P-May 05 A- Jul 05	

Program Improvement Implementation								
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Outcome or Systemic Factors and Item(s) Contributing to Non-Conformity			Goal/Negotiated Measure/Percent of Improvement	Action Steps	Method of Measurement	Benchmarks Toward Achieving Goal	Dates of Achievement	
							Benchmark	Goal
	A	N/A						
				Cindy Wilkinson	Training curriculum and revised child welfare manual	P1.7.3.c Integrated concurrent planning into Advanced FCOOHC In-Service Module training and child welfare manual.	P-May 06 A-May 06	
				P1.7.4 Increase collaboration with courts by providing cross training to judiciary, court staff, GALs and Children's Division staff on ASFA & Permanency hearings consistent with state and federal regulations.	Training curriculum	P1.7.4.a CD partnered with OSCA to develop training curriculum.	P-Jan 04 A-Jan 04	
						P1.7.4.b Developed draft plan to address logistics of proposed training.	P-Jan 04 A-Jan 04	
						P1.7.4.c Submitted draft to management of CD/OSCA.	P-Feb 04 A-Feb 04	
					Contract developed	P1.7.4.d Developed a contract to provide cross training to judiciary, court staff, GAL's and CD staff.	P-Mar 04 A-Mar 04	
						P1.7.4.e Management approved draft.	P-Apr 04 A-Apr 04	
				Cindy Wilkinson	Training agenda and curriculum	P1.7.4.f Training implemented by CD/OSCA to include concurrent planning training.	P-Jun 04 A- Sept 04 ongoing twice per year	
<b>Item 8:</b> Reunification, guardianship, or permanent placement with relatives.		X	Reunification Nat'l Standard 76.2% or more  MO FFY 2003 AFCARS Baseline 59.8%  AFCARS Goal 62.2% (Based on Federal formula for goal setting).  7th quarter performance based on quarterly outcomes report = 68.1 % not					P-Dec 2006  A-May 2006



Program Improvement Implementation								
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Outcome or Systemic Factors and Item(s) Contributing to Non-Conformity			Goal/Negotiated Measure/Percent of Improvement	Action Steps	Method of Measurement	Benchmarks Toward Achieving Goal	Dates of Achievement	
							Benchmark	Goal
	A	N/A						
			AFCARS.  AFCARS data not available.  <b>Goal Achieved</b>					
				P1.8.1 Address permanency and services needs of children in Legal Status 2, 3, and 4  Bonnie Washeck	Data reports	P1.8.1.a Prepared data on legal status 2, 3, and 4 children.	P-Dec 04 A-Feb 05	
					Workgroup member list	P1.8.1.b Developed workgroup to examine legal status 2, 3, and 4 children (include in workgroup OSCA, CD, and metro sites).	P-Feb 05  A-Apr 05	
					Case review results report	P1.8.1.c Conducted special case reviews on legal status 2, 3, and 4 cases.	P-Apr 05  A-May 05	
					Summary of meeting decisions	P1.8.1.d CD met with DLS and OSCA to determine legal obligations related to legal status 2, 3, and 4 children.	P-Apr 05  A-Aug 05	
						P1.8.1.e Revise AFCARS population if necessary.	P-Apr 05 A-Jul 05	
					Protocol developed	P1.8.1.f Developed policy and protocol on worker duties related to legal status 2, 3, and 4 cases.	P-July 05 R-May 06 A-May 06	
					Comparison data	P1.8.1.g Caseload analysis (comparison to LS1) completed Legal status 2, 3, and 4.	P-Sept 05  A-Oct 05	
					PRR	P1.8.1.h Incorporated Legal status 2, 3, and 4 cases into established Peer Record Review process.	P-Oct 05  A-Oct 05	
				P1.8.2 Establish procedures to access various service funding streams.  Bonnie Washeck		P1.8.2.a See S2.3.4.a.		
						P1.8.2.b See S2.3.4.b.		
				P1.8.3 Ensure frequency and		P1.8.3.a See P1.7.1.a		
						P1.8.3.b See P1.7.1.b		

Program Improvement Implementation								
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Outcome or Systemic Factors and Item(s) Contributing to Non-Conformity			Goal/Negotiated Measure/Percent of Improvement	Action Steps	Method of Measurement	Benchmarks Toward Achieving Goal	Dates of Achievement	
							Benchmark	Goal
	A	N/A						
				timeliness of Family Support Team Meetings occurs per policy.  Kathryn Sapp Cindy Wilkinson		P1.8.3.c See P1.7.1.c		
				P1.8.4 Improve quality of Family Support Teams to assure the review of permanency goal.  Kathryn Sapp Cindy Wilkinson		P1.8.4.a See P1.7.2.a		
						P1.8.4.b See P1.7.2.b		
						P1.8.4.c See P1.7.2.c		
						P1.8.4.d See P1.7.2.d		
						P1.8.4.e See P1.7.2.e		
						P1.8.4.f See P1.7.2.f		
						P1.8.4.g See P1.7.2.g		
						P1.8.4.h See P1.7.2.h		
				P1.8.5 Increase collaboration with courts by providing cross training to new judiciary, court staff, Children's Division staff and GAL's on ASFA & Permanency hearings consistent with state and federal regulations  Cindy Wilkinson		P1.8.5.a See P1.7.4.a		
						P1.8.5.b See P1.7.4.b		
						P1.8.5.c See P1.7.4.c		
						P1.8.5.d See P1.7.4.d		
						P1.8.5.e See P1.7.4.e		
						P1.8.5.f See P1.7.4.f		
				P1.8.6 Increase collaboration with courts by providing cross training to judiciary, court staff, GAL's and Children's Division staff regarding roles and responsibilities.  Cindy Wilkinson	Contract developed	P1.8.6.a Contract developed to provide training.	P-Apr 04 A-Apr 04	
					Meeting minutes	P1.8.6.b Meeting held to discuss roles and responsibilities of CD and Juvenile Officers.	P-Dec 04  A-Oct 04	
					Training agenda	P1.8.6.c Training provided to judiciary, court staff, GAL's and CD staff	P-May 05	
							A-May 05	

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Outcome or Systemic Factors and Item(s) Contributing to Non-Conformity			Goal/Negotiated Measure/Percent of Improvement	Action Steps	Method of Measurement	Benchmarks Toward Achieving Goal	Dates of Achievement	
							Benchmark	Goal
	A	N/A						
				P1.8.7 Collaborate with OSCA to explore barriers that would allow Juvenile Courts to enter temporary custody orders and transfer jurisdiction to Probate & Circuit Courts to expedite guardianship. Jim Harrison	Meeting Minutes	P1.8.7.a Meeting held (with OSCA, CD, and DLS) to look at existing data and practices to identify problem areas and barrier to expeditious guardianship, including legislative and policy change.	P-Mar 05 A-Oct 04	
					Proposal drafted	P1.8.7.b Proposal drafted for legislative change.	P-Mar 05 A-Oct 04	
						P1.8.7.c Written proposal reviewed by OSCA, CD and DLS.	P-Mar 05 A-Sept 04	
						P1.8.7.d Proposal finalized and presented to Department for legislative change.	P-Mar 05 A-Jan 05	
				P1.8.8 Determined policy remedy to be used in addition or in lieu of any legislative change referred in P1.8.7.  Jim Harrison Lesley Pettit		P1.8.8a Each circuit determined strategies with their court to expedite guardianship for children placed with relatives in CD custody.	P-Oct 05 A-Oct 05	
						P1.8.8.b See P1.6.1a		
						P1.8.8.c See P1.6.1b		
						P1.8.8.d See P1.6.1c		
						P1.8.8.e See P1.6.1d		
						P1.8.8.f See P1.6.1e		
Item 9: Adoption	X		Adoption Nat'l Standard 32% or more  MO FFY 2003 AFCARS Baseline 38.5%  <b>Goal achieved</b>					P- Dec 2006  A-May 2006
				P1.9.1 Termination of Parental Rights will be filed in a timely manner, except when compelling reasons are documented.	Data report	P1.9.1.a.Examine TPR data from current information system.	P-Feb 05 A-Feb 05	
					Circuit reports on outcomes of meetings with courts.	P1.9.1.b Initiated local circuit meetings with Judicial Courts to address local procedures for filing of TPR petitions.	P-Jun 05 A-Jul 05	

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							Benchmark	Goal
	A	N/A						
				Cindy Wilkinson Kathryn Sapp	Policy developed	P1.9.1.c Developed policy for supervisor and staff responsibilities in documenting compelling reasons for not filing TPR.	P-Jun 05 A-Jul 05	
					Policy disseminated	P1.9.1.d Policy disseminated to staff and supervisory oversight	P-Aug 05 R-Mar 06 A-May06	
						P1.9.1.e Incorporated into BASIC training.	P-Jun 05 R-Mar 06 A-Mar 06	
					PRR monitoring	P1.9.1.f Quarterly monitoring by PRR.	P&A ongoing quarterly	
						P1.9.1.g Incorporated into Advanced FCOOHC In-service module training.	P-May 06 A-May 06	
				P1.9.2 Increase number of resource families.  Cindy Wilkinson	Performance based contracts and outcome reports	P1.9.2.a See P1.6.5.a		
						P1.9.2.b See P1.6.5.b		
						P1.9.2.c See P1.6.5.c		
						P1.9.2.d See P1.6.5.d		
						P1.9.2.e See P1.6.5.e		
				P1.9.3 Increase capacity to conduct home studies and finalize adoptions.  Cindy Wilkinson	Request for Proposal	P1.9.3.a RFP written for performance based case management contracts	P-Sep 04 A-Sep 04	
					Workload staffing analysis	P1.9.3.b Conducted a workload staffing analysis to determine staffing need for completing home studies and finalized adoptions.	P-Mar 05 A-Mar 05	
					Award letters	P1.9.3.c Awarded performance based case management contracts	P-Mar 05 A-Jun 05	
					Staffing report	P1.9.3.d Committed additional staff (private or public) as needed per available resources.	P-Jul 05 A-Aug 05	
				P1.9.4 Improve access to legal representation for CD staff		P1.9.4.a DLS identified plan to fill vacant FTE's or contract for attorneys.	P-Jul 04 A-Jul 04	
						P1.9.4.b Additional attorneys hired and placed.	P-Sep 04 A-Sep 04	

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							Benchmark	Goal
	A	N/A						
				Jim Harrison	Establish workgroup	P1.9.4.c CD/DLS established a work group to develop a protocol for CD staff to access DLS attorneys or contractors.	P-Mar 05 A-Apr 05	
					Develop draft protocol	P1.9.4.d Draft Protocol developed.	P-Apr 05 A-Apr 05	
						P1.9.4.e CD legal representation at court hearings monitored by CD/DLS joint committee for improvement.	P-July 05 Ongoing A-Jul 05	
					Draft joint memo	P1.9.4.f Draft joint memo with DLS to assist CD staff in developing a clearer understanding on how to access legal services.	P- Jul 05 A-Jul 05	
					Memo disseminated	P1.9.4.g Memo and Protocol disseminated to staff and adopted.	P-Oct 05 A-Sep 05	
Item 10: Other planned living arrangement		X	Baseline 63.6%  7th quarter results for PRR V-22 = 51.7%. Requested to drop this measure. See new proposed action step P 1.10.  Goal = 66.4%  The goal has been achieved for PRR V-21.		PRR V-22 Youth 16 or older have an ILP plan documented in the case record (CS-1 Att.)  PRR V-21 Youth 16 or over, are participating in or have completed ILP classes			P-Dec 2006  A-
				P1.10.1 Increase number and quality of resource families for older youth		P1.10.1.a See P1.6.5.a		
						P1.10.1.b See P1.6.5.b		
						P1.10.1.c See P1.6.5.c		
						P1.10.1.d See P1.6.5.d		
						P1.10.1.e See P1.6.5.e		
				Cindy Wilkinson	Discuss recruitment activities	P1.10.1.f Met with IL Specialists to discuss strategies on recruitment activities for locating homes for older youth.	P-Mar 05 A-Mar 05	

Program Improvement Implementation								
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							Benchmark	Goal
	A	N/A						
					Recruitment activities report	P1.10.1.g Met with IL Specialists to report on community recruitment activities.	P-Jun 05	
						P1.10.1.h Incorporated Ready, Set, Fly curriculum and Chafee video into foster parent training.	A-Jun 05	
							P-Sep 05	
				P1.10.2 Increase awareness of Chafee program services to staff and community members  Cindy Wilkinson	Distribute ETV material	P.1.10.2.a Increased awareness of Education and Training Voucher Program through distributing information material to secondary and higher education programs	P-Jan 04	
					Youth conference	P1.10.2.b State Youth Advisory Board (SYAB) designed and hosted annual youth empowerment conference	A-Jan 04	
					Provide information meetings	P1.10.2.c ILP staff provided Chafee informational meetings, seminars, workshops to CD staff, foster parents, juvenile court, and youth serving agencies.	P- July 04 annually A-July 04 Annually	
					Write and disseminated memo	P1.10.2.d CD memo written and disseminated to staff involving ILP staff in the case planning process for older youth and referring age appropriate youth for Chafee services.	P- Mar 04 Ongoing A-Mar 04 Ongoing	
					Distributed ETV poster	P1.10.2.e Designed and distributed ETV poster to schools and youth serving agencies	P-May 05 A-Sep 05	
							P-May 05 A-Aug 05	
				P1.10.3 Increase program accessibility to provide life skills training services for older youth  Cindy Wilkinson	Implement Pre-ILP Training curriculum	P1.10.3.a Designed and Implemented Pre-ILP Life Skills training curriculum for youth 14-15.	P-June 04 A- June 04	
					Youth conference	P1.10.3.b State Youth Advisory Board (SYAB) designed and hosted annual youth empowerment conference	P-July 04 annually A-July 04 Annually	
					Consult with SYAB	P1.10.3.c Consulted with SYAB members on needs of older youth.	P-Dec 04 Ongoing A- Dec 04 Ongoing	

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							Benchmark	Goal
	A	N/A						
					Convene workgroup and address recommendations	P1.10.3.d Convened workgroup to address recommendations from Chafee stakeholder and transitional living meetings on designating positions and training plan for adolescent workers	P-Feb 05 A-Feb 05	
					Provide training to selected staff in designed areas	P1.10.3.e Training provided in designate areas to selected staff interested in adolescent worker positions	P-Feb 05 A-Feb 05	
					CD memo	P1.10.3.f CD memo written and disseminated to staff involving ILP staff in the case planning process for older youth and referring age appropriate youth for Chafee services	P-May 05 A-Sep 05	
				P1.10.4 Increase older youth involvement in service planning and delivery		P1.10.4.a Convened older youth workgroup to evaluate current Chafee services provided to youth ages 14 and older.	P-Nov 05 A-Nov 05	
					Recommendation report	P1.10.4.b Recommendations for change provided by older youth workgroup.	P-Feb 06 A-Feb 06	
					Draft memo and protocol	P1.10.4.c Developed draft policy and protocol to improve youth involvement, service planning and delivery for older youth.	P-Sep 06 A-Sep 06	
						<a href="#">P1.10.4.d Introduced Adolescent FST Guide and Individualized Action Plan protocol at Missouri Juvenile Justice Association conference.</a>	<a href="#">P-Oct 06</a> <a href="#">A-Oct 06</a>	
					Training outline	P1.10.4.e Began training of policy and Adolescent FST Guide and Individualized Action Plan protocol in selected sites in the 15 <sup>th</sup> , 22 <sup>nd</sup> and 25 <sup>th</sup> circuits.	P-Nov 06 A-	
						P1.10.4.f Began conducting field tests of policy and protocol.	P-Dec 06 A-	
					Survey results	P1.10.4.g Conducted mid-point evaluation of test project through staff	P-Jan 07	

Program Improvement Implementation								
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							Benchmark	Goal
	A	N/A						
						surveys.	A-	
<b>Permanency Outcome P2:</b>								
<b>Item 11:</b> Proximity of foster care placement	X							
<b>Item 12:</b> Placement with siblings		X	Renegotiated Baseline = 79.1%  7th quarter PRR results = 82.2 %  Renegotiated goal = 80.7% (Goal established is calculated by taking the 4 <sup>th</sup> quarter performance and adding 2% increase for improvement.)		Monitored through Peer Record Review Question V-4: Siblings are placed together or there is ongoing visitation			P-Dec 2006  A-May 2006
				P2.12.1 Increase the number of siblings placed together  Kathryn Sapp	Policy developed	P2.12.1.a Policy developed for FST to be required prior to separating siblings at any time during placement episode.	P-Aug 04	
					Policy enhancement	P2.12.1.b Enhanced policy addressing the continual need for maintaining sibling relationship.	A-Aug 04	
					PRR results & Improvement plans	P2.12.1.c Circuit Managers monitored quarterly PRR results and improvement plans developed.	P-Aug 04	
					PRR results & Improvement plans	P2.12.1.c Circuit Managers monitored quarterly PRR results and improvement plans developed.	P-Feb 05 Ongoing Quarterly A-Ongoing	
					Recommendations from workgroup	P2.12.1.d Visitation Workgroup presented recommendations on preserving sibling ties.	P-Nov 05	
					Draft policy	P2.12.1.e Developed policy requiring a FST prior to separating siblings.	A-Nov 05	
					Policy disseminated	P2.12.1.f Policy disseminated to staff on FST	P-Apr 06 A-Apr 06	
							P-May 06 A-May 06	



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							Benchmark	Goal
	A	N/A						
					Supervisory sibling case review	P2.12.1.g Developed supervisory sibling case review process to review cases after siblings are separated after 30 days.	P-May 06 A-May 06	
				P2.12.2 Develop an ongoing training module regarding sibling placements for staff, foster parents, and juvenile court staff.		P2.12.2.a Emphasis on the importance of sibling bonds, long term effects of separation, and importance of visitation, parentified child and sibling rivalries incorporated into foster parent training.	P-Nov 05 A-Dec 05	
				Jeff Adams		P2.12.2.b See P1.7.4.a		
						P2.12.2.c See P1.7.4.b		
						P2.12.2.d See P1.7.4.c		
						P2.12.2.e See P1.7.4.d		
						P2.12.2.f See P1.7.4.e		
						P2.12.2.g See P1.7.4.f		
					Training module	P2.12.2.h Emphasis on the importance of sibling bonds, long term effects of separation, and importance of visitation, parentified child and sibling rivalries incorporated into BASIC and advanced FCOOHC In-Service training module.	P-May 06 A-May 06	
				P2.12.3 Increase capacity for resource families that accept sibling groups.		P2.12.3.a See P1.6.5.a		
						P2.12.3.b See P1.6.5.b		
						P2.12.3.c See P1.6.5.c		
						P2.12.3.d See P1.6.5.d		
						P2.12.3.e See P1.6.5.e		
				Cindy Wilkinson				

Program Improvement Implementation								
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							Benchmark	Goal
	A	N/A						
Item 13: Visiting with parents and siblings in foster care.		X	<p>Renegotiated Baseline = 85.1 %</p> <p>7th quarter PRR results = <b>87.7%</b></p> <p>Renegotiated goal = 86.8% (Goal established is calculated by taking the 4<sup>th</sup> quarter performance and adding 2% increase for improvement.)</p> <p>Renegotiated Baseline = 79.1%</p> <p>7th quarter PRR results = <b>82.2%</b></p> <p>Renegotiated goal = 80.7%</p> <p>(Goal established is calculated by taking the 4<sup>th</sup> quarter performance and adding 2% increase for improvement.)</p>		<p>Parents' visits monitored through PRR Question V-13. There is a current visitation plan in place to facilitate reunification.</p> <p>Siblings visits monitored through Peer Record Review question V-4: Siblings are placed together or there is ongoing visitation</p>			<p>P-Dec 2006</p> <p>A-</p>
				<p>P2.13.1 Increase frequency and quality of parent/child and sibling visits.</p> <p>Cindy Wilkinson</p>	<p>Recommendations from workgroup</p> <p>Policy revision</p>	<p>P2.13.1.a Visitation Workgroup presented recommendations on preserving sibling ties.</p> <p>P2.13.1.b Revised policy to improve qualitative and quantitative visitation plan requirements.</p> <p>P2.13.1.c Incorporated policy revision into BASIC training and supervisory oversight provided to existing staff.</p>	<p>P-Nov 05 A-Nov 05</p> <p>P-Apr 06 A-Apr 06</p> <p>P-Jul 06 A-Jun 06</p>	

Program Improvement Implementation								
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							Benchmark	Goal
	A	N/A						
					PRR	P2.13.1.d Incorporated revisions into PRR tool.	R-Jul 06 A-Jun 06	
					Quarterly data reports	P2.13.1.e Circuit Managers monitor data regarding frequency of parent/child/sibling visits.	P-Oct 06 A-Oct 06	
					Practice improvement plans developed	P2.13.1.f Circuit Managers assisted by the PET teams developed practice improvement plans using all available data for guidance.	P-Oct 06 A-Oct 06	
Item 14: Preserving connections		X	Baseline 25.9%  Goal 27.2%  <b>Goal Achieved</b>  Renegotiated baseline – 82.8%  7th quarter results for PRR = <b>86.2 %</b>  Renegotiated goal = 84.5%  (Goal established is calculated by taking the 4 <sup>th</sup> quarter performance and adding 2% increase for improvement.)		Relative Placement CD-Outcomes #17. Increase the number of children placed with relative providers (LS 1-4) Previous data only captured LS 1 children.  PRR V-1 Consideration was given to relatives of kin for placement.			P-Dec 2006  A-April 2006
				P2.14.1 Increase emphasis on preserving familial and community connections for children in out of home care.  Kathryn Sapp	Evaluation report	P2.14.1.a Evaluated Family-to-Family program regarding applicability for statewide implementation.	P-May 05 A-Jan 06	
						P2.14.1.b Submitted evaluation recommendations to administration.	P-July 05 A-Jan 06	
						P2.14.1.c Based on results of Family to Family evaluation and review of other state's best practices determined statewide applicability.	P-Aug 05 A-Jan 06	

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							Benchmark	Goal
	A	N/A						
					State plan developed	P2.14.1.d Develop state plan to address preserving connections.	P-Oct 05 A-Apr 06	
				P2.14.2 Improve diligent search for relatives/missing parents  Bonnie Washeck		P2.14.2.a See P1.6.2.a		
						P2.14.2.b See P1.6.2.b		
						P2.14.2.c See P1.6.2.c		
						P2.14.2.d See P1.6.2.d		
				P2.14.3 Revise ICWA policy Cindy Wilkinson Kathryn Sapp	Policy revision	P2.14.3.a Revised ICWA policy to reflect best practice standards.	P-Aug 04 A-Aug 04	
					CPS-1 CD-14	P2.14.3.b ICWA questions incorporated into intake (CPS-1) and family assessment (CD-14) tools.	P-May 05 A-Apr 05	
					Policy disseminated	P2.14.3.c Newly revised intake & assessment disseminated to all CD staff.	P-Aug 05 A-Dec 05	
					PRR	P2.14.3.d Add ICWA question to Peer Record Review tool.	P-Sept 05 A-Mar 05	
					PRR quarterly data reports	P2.14.3.e Establish a baseline for ICWA for Peer Record.	P-Sept 05 A-Jun 05	
Item 15: Relative placement		X	Baseline 25.9%  Goal 27.2% (Goal established is calculated by taking the average of 8 quarters performance in 2003 and 2004 and adding 5% of the average to measure improvement).  <b>Goal achieved</b>  Renegotiated Baseline = 82.8%					P-Dec 2006  A-

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							Benchmark	Goal
	A	N/A						
			<p>7th quarter PRR results = <b>86.2%</b></p> <p>Renegotiated goal = 84.5% (Goal established is calculated by taking the 4<sup>th</sup> quarter performance and adding 2% increase for improvement).</p>		<p>Relative Placement monitored through the number of children placed with relative provider in legal status 1-4</p> <p>Monitored through Peer Record Review question V-1: Consideration was given to relatives or kin for placement .</p>			
				P2.15.1 Increase system capacity to accurately track placement kinship vendor types.		P2.15.1.a See P1.6.1.a P2.15.1.b See P1.6.1.b P2.15.1.c See P1.6.1.c P2.15.1.d See P1.6.1.d P2.15.1.e See P1.6.1.e		
				Lesley Pettit				
				P2.15.2 Improve diligent search for relatives/missing parents.		P2.15.2.a See P1.6.2 a P2.15.2.b See P1.6.2.b P2.15.2.c See P1.6.2.c P2.15.2.d See P1.6.2.d		
				Cindy Wilkinson				
				P2.15.3 Evaluate support and training provided for relative/kinship resource families		P2.15.3.a See P1.6.7.a P2.15.3.b See P1.6.7.b P2.15.3.c See P1.6.7.c		
				Cindy Wilkinson Jeff Adams				

Program Improvement Implementation								
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							Benchmark	Goal
	A	N/A						
Item 16: Relationship of child in care with parents		X	Renegotiated Baseline = 90.0%  7th quarter PRR results = 88.7%  Renegotiated goal = 90.9%  (Goal established is calculated by taking the 4th quarter performance and adding 1% increase for improvement).		Parent Visits monitored through Peer Record Review question V-3: The child is placed in close proximity to his/her family.			P-Dec 2006  A-Apr 2006
				P2.16.1 Improve diligent search for non-custodial parent.  Bonnie Washeck		P2.16.1.a See P1.6.2.a P2.16.1.b See P1.6.2.b P2.16.1.c See P1.6.2.c P2.16.1.d See P1.6.2.d		
				P2.16.2 Improve engagement of non-custodial parents in case planning by strengthening worker/supervisor skills in engaging families in the assessment, case planning and case plan review process. Increase parent, caregiver (alternative care provider) and child involvement in	PRR Outcomes	P16.16.2.a See S2.3.2.a P16.16.2.b See S2.3.2.b P16.16.2.c See S2.3.2.c P16.16.2.d See S2.3.2.d P16.16.2.e See S2.3.2.e		

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							Benchmark	Goal
	A	N/A						
				case assessment, plan development and reassessment.  Kathryn Sapp		P16.16.2.f See S2.3.2.f		
Well Being Outcome 1 Families have enhanced capacity to provide for children's needs								
Item 17: Needs and services of child, parents, foster parents		X	Renegotiated Baseline = 88.1%  7th quarter PRR results = 90.0%  Renegotiated goal = 89.9%  (Goal established is calculated by taking the 4 <sup>th</sup> quarter performance and adding 2% increase for improvement.)		PRR IV-13 Services being provided to the family are adequate to meet their needs as identified in the assessment. Previously PRR III-3 and III-10 were used.			P-Dec 2006  A-July 06
				WB1.17.1 Improve family assessment and case plan tools to better link service provision to the needs of the bio family identified in the initial		WB1.17.1.a See S2.3.1.a		
						WB1.17.1.b See S2.3.1.b		
						WB1.17.1.c See S2.3.1.c		
						WB1.17.1.d See S2.3.1.d		
						WB1.17.1.e See S2.3.1.e		
						WB1.17.1.f See S2.3.1.f		
						WB1.17.1.g See S2.3.1.g		

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							Benchmark	Goal
	A	N/A						
				and ongoing assessments.  Kathryn Sapp		WB1.17.1.h See S2.3.1.h		
				WB1.17.2 Strengthen workers skills in engaging families in the assessment, case planning and case plan review processes to increase parent, caregiver (alternative care provider) and child involvement in case assessment, plan development and reassessment.  Kathryn Sapp		WB1.17.2.a See S2.3.2.a WB1.17.2.b See S2.3.2.b WB1.17.2.c See S2.3.2.c WB1.17.2.d See S2.3.2.d WB1.17.2.e See S2.3.2.e WB1.17.2.f See S2.3.2.f		
				WB1.17.3 Implementation of “Confirming Safe Environments” to reduce the risk for children in foster/kinship care to identify needs of child and providers.  Cindy Wilkinson		WB1.17.3.a See S1.2.2.a WB1.17.3.b See S1.2.2.b WB1.17.3.c See S1.2.2.c WB1.17.3.d See S1.2.2.d WB1.17.3.e See S1.2.2.e WB1.17.3.f See S1.2.2.f		



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							Benchmark	Goal
	A	N/A						
Item 18: Child and family involvement in case planning.		X	Renegotiated Baseline 73.8%  7th quarter PRR results = 78.7 %  Renegotiated goal = 75.3%  (Goal established is calculated by taking the 4 <sup>th</sup> quarter performance and adding 2% increase for improvement).		Monitored through Peer Record Review question IV-8: The family participated in the development of and signed the service plan.			P-Dec 2006  A-
				WB1.18.1 Maximize parental/family participation in Family Support Team Meetings.  Bonnie Washeck		WB1.18.1.a See S2.3.2 a WB1.18.1.b See S2.3.2 b WB1.18.1.c See S2.3.2 c WB1.18.1.d See S2.3.2 d WB1.18.1.e See S2.3.2 e WB1.18.1.f See S2.3.2 f		
					Protocol established	WB1.18.1.g Established a protocol for accessing division staff outside of regular working hours.	P-Aug 05  A-Aug 05	
				WB1.18.2 Improve the quality of Family Support Team Meetings.  Kathryn Sapp Cindy Wilkinson		WB1.18.2.a See P1.7.2a WB1.18.2.b See P1.7.2b WB1.18.2.c See P1.7.2c WB1.18.2.d See P1.7.2d WB1.18.2.e See P1.7.2e WB1.18.2.f See P1.7.2f WB1.18.2.g See P1.7.2g WB1.18.2.h See P1.7.2h		
				WB1.18.3 Review and further develop a handbook, to be distributed at the point of removal, to educate parents on their rights		WB1.18.3.a Collected parent handbooks used by various circuits.	P-Aug 05 A-Aug 05	
					Workgroup list	WB1.18.3.b Convened a work group to evaluate parent handbooks.	P-Oct 05 A-Sep 05	
					Parent handbook	WB1.18.3.c Developed a universal parent handbook.	P-Jan 06 A-Jan 06	

Program Improvement Implementation								
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Outcome or Systemic Factors and Item(s) Contributing to Non-Conformity			Goal/Negotiated Measure/Percent of Improvement	Action Steps	Method of Measurement	Benchmarks Toward Achieving Goal	Dates of Achievement	
							Benchmark	Goal
	A	N/A						
				and responsibilities, court procedures, etc.	Survey results	WB1.18.3.d Solicited consumer feedback on parent handbook	P-Apr 06 R-Jun 06 A-Jun 06	
				Cindy Wilkinson	Policy developed	WB1.18.3.e Developed policy on use of parent handbook.	P-Jul 06 A-Jul 06	
					Policy disseminated	WB1.18.3.f Policy distributed to all staff and supervisory oversight.	P-Sept 06 A-Sept 06	
					Training curriculum	WB1.18.3.g Policy Incorporated into BASIC training	P-Oct 06 A-Oct 06	
Item 19: Worker visits with child – improve quantity and quality		X	<b>The goal has been achieved for PRR V-16.</b>		Monitored through PRR question V-16: The worker visits the child twice every month.			
				WB1.19.1 Develop policy addressing the quality of visits to incorporate case planning, service delivery and goal attainment.	Team appointments	WB1.19.1a Appointed visitation policy and practice team.	P-Jan 05 A-Feb 05	
					Convene meeting	WB1.19.1.b Convened first policy and practice team meeting.	P-Feb 05 A-May 05	
					Workgroup recommendations	WB1.19.1c Visitation Workgroup presented recommendations on how visitation is critical in timely reunification to executive staff.	P-Nov 05 A-Nov 05	
				Bonnie Washeck	Recommendations reviewed	WB1.19.1.d Recommendation reviewed by executive staff.	P-Jan 06 A-Jan 06	
					Policy draft	WB1.19.1.e Policy drafted.	P-Apr 06 A-Apr 06	
					Policy disseminated	WB1.19.1.f Policy disseminated to staff	P- May 06 A-Jun 06	
						WB1.19.1.g Training began on policy enhancements staff and foster parents.	P-Jul 06 A-Jul 06	
						WB1.19.1.h Utilize Practice Enhancement Teams (PET) to support protocols.	P-Jul 06 A-Jul 06	
				WB1.19.2 Increase policy compliance for frequency of worker visits for intact and	Quarterly workload report	WB1.19.2.a Achieved progress in caseload equalization by developing quarterly circuit workload reports.	P-Aug 05 quarterly ongoing A-Aug 05	

Program Improvement Implementation								
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Outcome or Systemic Factors and Item(s) Contributing to Non-Conformity			Goal/Negotiated Measure/Percent of Improvement	Action Steps	Method of Measurement	Benchmarks Toward Achieving Goal	Dates of Achievement	
							Benchmark	Goal
	A	N/A						
				out-of-home cases.  Cindy Wilkinson Kathryn Sapp	PRR	WB1.19.2.b Circuit Managers monitored the frequency of worker visits through the PRR.	P-Aug 05 A-Aug 05	
					Practice Improvement plans	WB1.19.2.c Circuit Managers assisted by PET to develop practice improvement plans.	P-Sep 05 A-Sep 05	
				WB1.19.3 Tracking system to track worker visits (date/site).  Jim Harrison		WB1.19.3.a Reviewed the FCS section of the Family Satisfaction survey on monthly worker visits with the family.	P-Feb 06 A-Feb 06	
						WB1.19.3.b Reviewed the youth portion of the Family Satisfaction survey on bi-monthly worker visits with the out-of-home care child.	P-Feb 06 A-Feb 06	
						WB1.19.3.c PET teams annually analyzed family satisfaction survey data	P-Apr 06 A-Apr 06	
						WB1.19.3.d Worked with ITSD staff to include worker visit information (with child, parents, foster parents) and sibling visits in the Outcome Reports when converted to SACWIS.	P-May 06 A-May 06	
Item 20: Worker Visit with parent(s).		X	Renegotiated Baseline 84.4%  7 <sup>th</sup> quarter PRR results = 80.8%  Renegotiated goal = 85.2%  (Goal established is calculated by taking the 4 <sup>th</sup> quarter performance and adding 1% increase for improvement).		Intact and Foster Care Cases monitored through Peer Record Review question IV-14: The worker visits family (caretakers) at least one time per month.			P-Dec 2006  A-

Program Improvement Implementation								
1			2	3	4	5	6	7
Outcome or Systemic Factors and Item(s) Contributing to Non-Conformity			Goal/Negotiated Measure/Percent of Improvement	Action Steps	Method of Measurement	Benchmarks Toward Achieving Goal	Dates of Achievement	
							Benchmark	Goal
	A	N/A						
				WB1.20.1 Strengthen worker relationships with biological or adoptive parents.  Bonnie Washeck	Protocols established	WB1.20.1.a Protocols established in WB1.19.1g included in all resource parent training	P-May 05 R-Jul 06 A-Jul 06	
					Revise PRR	WB1.20.1.b Revised PRR to reflect collateral contacts required per family risk assessment/reassessment	P-Jun 05 A-Jun 05	
						WB1.20.1.c See S2.3.2.a		
						WB1.20.1.d See S2.3.2.b		
						WB1.20.1.e See S.2.3.2.c		
						WB1.20.1.f See S.2.3.2.d		
						WB1.20.1.g See S.2.3.2.e		
						WB1.20.1.h See S2.3.2.f		
				WB1.20.2 – Refer to: WB1.19.1, WB1.19.2 and WB1.19.3  a. WB1.19.1 Develop policy addressing the quality of visits to incorporate case planning, service delivery and goal attainment.  b. WB1.19.2 Increase policy compliance for frequency of worker visits for intact and out-of-home cases.  c. WB1.19.3 Tracking system to track worker visits (date/site).		WB1.20.2.a See WB1.19.1.a-f		
						WB1.20.2.b See WB1.19.2 a-c		
						WB1.20.2.c See WB1.19.3 a-b		
Well Being Outcome 2 Children receive services to meet their educational needs								

Program Improvement Implementation								
1			2	3	4	5	6	7
Outcome or Systemic Factors and Item(s) Contributing to Non-Conformity			Goal/Negotiated Measure/Percent of Improvement	Action Steps	Method of Measurement	Benchmarks Toward Achieving Goal	Dates of Achievement	
							Benchmark	Goal
	A	N/A						
<b>Item 21:</b> Children receive appropriate services to meet their educational needs		X	Renegotiated Baseline 94.4%  7th quarter PRR results = <b>95.8%</b>  Renegotiated goal = 95.3% (Goal established is calculated by taking the 4 <sup>th</sup> quarter performance and adding 1% increase for improvement.)		PRR V-18 The child is at grade level and receiving appropriate educational services.			P-Dec 2006  A-Feb 2006
				WB2.21.1 Improve working relationship among Children's Division, Department of Elementary and Secondary Education (DESE) and local school districts.  Kathryn Sapp	Protocol developed	WB.2.21.1.a Protocol developed regarding inclusion of educational personnel in FST's.	P-Mar 05 A-Apr 05	
					Education liaisons	WB2.21.1.b Designated an education liaison at the state level.	P-May 05 A-May 05	
					Circuit Self Assessment	WB2.21.1.c Local level barriers identified regarding working with schools and educational disruptions of children in foster care.	P-May 05 A-Jul 05	
					Written local plans	WB2.21.1.d Developed a plan to alleviate barriers and address educational disruptions of children in foster care as applicable.	P-May 05 A-Jul 05	
					Written State plan	WB2.21.1.e Children's Division Administration partnered with DESE to address identified barriers at State level.	P-Aug 05 A-Aug 05	
				WB2.21.2 Improve the flow of educational records and reports when children transfer schools.  Kathryn Sapp Cindy Wilkinson	Protocols developed	WB2.21.2.a Local protocols developed for alternative care children regarding permission of custodian to access records needed for enrollment.	P-Jun 05 A-Jun 05	
					Residential Facility contracts	WB2.21.2.b. Incorporated accountability measures for transfer of educational records into Residential Facility contracts.	P-Jun 05 R-Jan 06 A-Feb 06	

Program Improvement Implementation								
1			2	3	4	5	6	7
Outcome or Systemic Factors and Item(s) Contributing to Non-Conformity			Goal/Negotiated Measure/Percent of Improvement	Action Steps	Method of Measurement	Benchmarks Toward Achieving Goal	Dates of Achievement	
							Benchmark	Goal
	A	N/A						
				WB2.21.3 Decrease the incidence of educational neglect, truancy and suspension of children in care.  Cindy Wilkinson Kathryn Sapp		WB2.21.3.a Consult with National Resource Centers and other national education resources regarding early identification of educational neglect, truancy and suspension of children in care.	P-Apr 05 A-Apr 05	
					Revised CD-14 and CS-1	WB2.21.3.b Identification of risk factors for educational neglect, truancy or school suspension incorporated into the CD-14 and CS-1.	P-Jul 05 A-Jul 05	
					Distribute youth training video	WB2.21.4.c Distribute Youth Training Video for teacher in-service training.	P-Sep 05 A-Nov 05	
					Protocol developed	WB2.21.3.d Protocol developed for accessing early interventions for students at risk for educational neglect, truancy and suspension.	P-Oct 05 A-Nov 05	
					Protocol developed	WB2.21.3.e Protocol developed for children expelled due to the Safe School Act.	P-Oct 05 A-Nov 05	
					Protocol disseminated	WB2.21.3.f Protocols distributed to staff and shared with local school districts.	P-Nov 05 A-Feb 06	
						WB2.21.3.g Protocols incorporated into BASIC and foster parent training.	P-Dec 05 A-Feb 06	
				WB2.21.4 Decrease the incidence of educational neglect, truancy and suspension of children for intact families.  Kathryn Sapp		WB2.21.4.a Consulted with National Resource Center on Child Maltreatment and other national education resources regarding early identification of educational neglect, truancy and suspension of intact families.	P-Apr 05 A-Apr 05	
					CD-14 revision	WB2.21.4.b Identification of risk factors for educational neglect, truancy or school suspension incorporated into the CD-14.	P-July 05 A-Jul 05	
					Distribute youth training video	WB2.21.4.c Distribute Youth Training Video for teacher in-service training.	P-Sep 05 A-Nov 05	

Program Improvement Implementation								
1			2	3	4	5	6	7
Outcome or Systemic Factors and Item(s) Contributing to Non-Conformity			Goal/Negotiated Measure/Percent of Improvement	Action Steps	Method of Measurement	Benchmarks Toward Achieving Goal	Dates of Achievement	
							Benchmark	Goal
	A	N/A						
					Protocol developed	WB2.21.4.d Protocol developed for accessing early interventions for students at risk for educational neglect, truancy and suspension.	P-Oct 05 A-Nov 05	
					Protocol developed	WB2.21.4.e Protocol developed for children expelled due to the Safe School Act.	P-Oct 05 A-Nov 05	
					Protocols disseminated	WB2.21.4.f Protocols distributed.	P-Nov 05 A-Feb 06	
						WB2.21.4.g Protocols incorporated into BASIC training.	P-Dec 05 A-Feb 06	
Well-Being 3 (WB3): Children receive adequate services to meet their physical and mental health needs.								
Item 22: Physical health of the child		X	Renegotiated Baseline = 94.9%  7th quarter PRR results = 97.8%  Renegotiated goal = 96.8% (Goal established is calculated by taking the 4 <sup>th</sup> quarter performance and adding 2% for improvement.		PRR V-17: The physical needs of the child are being met.			P-Dec 2006  A-Feb 2006
				WB3.22.1 Increase ability of Children's Division staff and families to access available dental resources.	Circuit Self Assessment	WB3.22.1.a Circuits identified available local dental resources.	P-Mar 05 A-Aug 05	
					Dental coordinator list	WB3.22.1.b Dental coordinator assigned to each region (local level) to identify barriers and facilitate access to dental providers.	P-May 05 A-Jul 05	

Program Improvement Implementation								
1			2	3	4	5	6	7
Outcome or Systemic Factors and Item(s) Contributing to Non-Conformity			Goal/Negotiated Measure/Percent of Improvement	Action Steps	Method of Measurement	Benchmarks Toward Achieving Goal	Dates of Achievement	
							Benchmark	Goal
	A	N/A						
				Bonnie Washeck	Notification letter	WB3.22.1.c Notified dental providers of regional dental coordinators.	P-Aug 05 A-Aug 05	
					Written plan	WB3.22.1.d In partnership with Division of Medical Services (DMS) assessed and developed plan to reduce administrative burden on Medicaid providers.	P-Aug 05 A-Aug 05	
					Assessment report	WB3.22.1.e Completed assessment regarding Dental Van program expansion.	P-Aug 05 A-Nov 05	
				WB3.22.2 Increase capacity of staff to assess medical needs of children in intact families.  Bonnie Washeck	CD-14 revision	WB3.22.2.a Revised CD-14 to include assessment of medical needs of children in intact families.	P-July 05 A-Apr 05	
					Policy disseminated	WB3.22.2.b Issued revised form and policy.	P-Sep 05 R-Dec 05 A-Dec 05	
					Training curriculum	WB3.22.c Existing staff trained in Assessment and Service Planning using CD-14 as tool statewide.	P-Oct 05 R-Jan 06 A-Feb 06	
						WB3.22.2.d Integrated CD-14 into Advanced Family-Centered In-service training module.	P-Jan 06 A-Feb 06	
Item 23: Mental health needs of the child		X	Renegotiated Baseline = 94.6%  7 <sup>th</sup> quarter PRR results = <b>95.9%</b>  Renegotiated goal = 95.5% (Goal established is calculated by taking the 4 <sup>th</sup> quarter performance and adding 1% increase for improvement.		PRR V-19: The mental health needs of the child are being met.			P-Dec 2006  A-



Program Improvement Implementation								
1			2	3	4	5	6	7
Outcome or Systemic Factors and Item(s) Contributing to Non-Conformity			Goal/Negotiated Measure/Percent of Improvement	Action Steps	Method of Measurement	Benchmarks Toward Achieving Goal	Dates of Achievement	
							Benchmark	Goal
	A	N/A						
				WB3.23.1 Increase the ability of Children's Division staff and families to access available mental health resources.  Jim Harrison	Circuit Self Assessment	WB3.23.1.a Available mental health resources identified through Circuit Self Assessment.	P-Aug 04 A-Aug 04	
					Mental Health Coordinator list	WB3.23.1.b Five Regional Mental Health Coordinators designated.	P-Jan 05 A-Jan 05	
						WB3.23.1.c See S2.3.5		
					Written plan	WB3.23.1.d Mental Health Coordinators convened teams to identify local barriers, develop a plan to alleviate barriers and create partnerships to improve service delivery.	P-May 05 A-May 05	
					Plan developed	WB3.23.1.e In partnership with Division of Medical Services (DMS) assessed and developed plan to reduce administrative burden on Medicaid providers.	P-Aug 05 A-Aug 05	
				WB.3.23.2 Increase awareness of staff and foster parents regarding attachment and mental health issues.  Cindy Wilkinson		WB3.23.2.a See P1.6.3.a		
						WB3.23.2.b Increased the number of staff and foster parents trained on Working with the Explosive Child (See Training Matrix).	P & A- Ongoing semi-annually	
						WB3.23.2.c Increased the number of staff and foster parents trained on Grief and Loss (See Training Matrix).	P-Sep 04 A-Sep 04 ongoing semi-annual	
					Curriculum developed	WB3.23.2.d Developed Reactive Attachment Disorder curriculum.	P-Mar 05 A-Mar 05	
					Training agenda	WB3.23.2.e Incorporated attachment issues training into on-going training.	P-Sep 06 A-Sep 06	
				WB3.23.3 Increase capacity of staff to assess mental health needs of children in	CD-14 revision	WB3.23.3.a Incorporated assessment of mental health needs of children in intact families in CD-14 revision (See S2.3.1.b-h).	P-July 05 A-Apr 05	

Program Improvement Implementation								
1			2	3	4	5	6	7
Outcome or Systemic Factors and Item(s) Contributing to Non-Conformity			Goal/Negotiated Measure/Percent of Improvement	Action Steps	Method of Measurement	Benchmarks Toward Achieving Goal	Dates of Achievement	
							Benchmark	Goal
	A	N/A						
				intact families.  Kathryn Sapp	Practice improvement plans	WB3.23.3.b Circuit Managers evaluated SCRT results and developed practice improvement strategies as needed.(See S2.3.3 a-f)	P-Apr 06 ongoing quarterly R-Nov 06 A-	
<b>Systemic Factors</b>								
Item 24: System can identify the status, demographic characteristics, location and goals of children in foster care.	X							
Item 25: Provides a process that ensures that each child has a written case plan to be developed jointly with the child's parent(s) that includes the required provisions.		X	Renegotiated Baseline = 73.8%  7 <sup>th</sup> quarter PRR results = 78.7%  Renegotiated goal = 75.3% (Goal established is calculated by taking the 4 <sup>th</sup> quarter performance and adding 2% increase for improvement.		Monitored through Peer Record Review question IV-8. The family participated in the development and signed the service plan.  Previous measurement PRR IV-15			P-Dec 2006  A-
				25.1 Improve family assessment and case plan tools to better link service provision to the needs of the family identified in the initial and ongoing assessments.  Kathryn Sapp		25.1.a See S2.3.1.a 25.1.b See S2.3.1.b 25.1.c See S2.3.1.c 25.1.d See S2.3.1.d 25.1.e See S2.3.1.e 25.1.f See S2.3.1.f 25.1.g See S2.3.1.g 25.1.h See S2.3.1.h		

Program Improvement Implementation								
1			2	3	4	5	6	7
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							Benchmark	Goal
	A	N/A						
				25.2 Strengthen worker/supervisor skills in engaging families in the assessment, case planning and case plan review process to increase parent, caregiver (alternative care provider) and child involvement in case assessment, plan development and reassessment. Kathryn Sapp		25.2.a See S2.3.2.a 25.2.b See S2.3.2.b 25.2.c See S2.3.2.c 25.2.d See S2.3.2.d 25.2.e See S2.3.2.e 25.2.f See S2.3.2.f		
				25.3 Improve supervisory capacity to monitor practice linking the assessment with the overall plan.  Bonnie Washeck		25.3.a See S2.3.3.a 25.3.b See S2.3.3.b 25.3.c See S2.3.3.c 25.3.d See S2.3.3.d 25.3.e See S2.3.3.e 25.3.f See S2.3.3.f 25.3.g See S2.3.3.g 25.3.h See S2.3.3.h		
				25.4 Maximize parental/family involvement in Family Support Team Meetings.  Bonnie Washeck		25.4.a See P1.6.2.a 25.4.b See P1.6.2.b 25.4.c See P1.6.2.c 25.4.d See P1.6.2.d 25.4.e See S2.3.2 a 25.4.f See S2.3.2 b 25.4.g See S2.3.2 c 25.4.h See S2.3.2 d 25.4.i See S2.3.2 e 25.4.j See S2.3.2 f		
				25.5 Improve staff facilitation skills for Family Support Team Meetings.	Training curriculum	25.5.a Began offering 25 supplemental FST trainings to selected staff throughout state.	P-Feb 05 A-Feb 05	
						25.5.b Enhanced/Improved FST skill application for BASIC.	P-Feb 05 A-Feb 05	

Program Improvement Implementation								
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							Benchmark	Goal
	A	N/A						
				Jeff Adams		25.5.c Advanced FST skill application integrated into advanced Family-Centered Out-of-Home Service In-Service module.	P-May 06 A-May 06	
						25.5.d Advanced FST skill application integrated into Advanced Family-Centered Service In-Service module.	P-Sep 06 A-Sep 06	
Item 26: Process for 6-month case reviews		X	Baseline 62.8% (derived from average of 8 quarters in FY 2003 and 2004)  7 <sup>th</sup> Quarter performance = 64.5%  Goal 69% (Goal established through method described in Item 15 using Outcomes Report data).		Monitored through CD Outcomes Report Outcome #12: Children with Timely Completion of Permanency Planning Review within 30 Days and 6 Months.			P-Dec 2006  A-
				26.1 Revised current policy to clarify an Administrative Review and requirements  Susan Savage	Draft policy	26.1.a Developed draft policy clarifying administrative review requirements and procedures.	P-Feb 05 A-Jul 04	
						26.1.b Draft policy sent to policy review team and management.	P-Mar 05 A-Aug 04	
					Policy revision	26.1.c Feedback received and revisions made.	P-Apr 05 A-Aug 04	
					Policy disseminated	26.1.d New policy distributed to CD staff.	P-Jun 05 A-Aug 04	
				26.2 Recruit 3 <sup>rd</sup> party participants for Administrative Reviews  Cindy Wilkinson	Volunteer list	26.2.a Circuit Managers recruited and trained a pool of qualified volunteers to participate in six month administrative reviews.	P-May 05 A-Nov 05	
						26.2.b Circuit Managers scheduled and assigned individual reviewers to cases.	P-May 05 R-Mar 06 A-Mar 06	

Program Improvement Implementation								
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							Benchmark	Goal
	A	N/A						
				26.3 Increase ability to track 6 month Administrative Reviews separately from FSTs  Cindy Wilkinson	System logic	26.3.a Met with MIS and developed system logic needed to add fields to SS-61.	P-Aug 04 A-Aug 04	
					CS-1 revision	26.3.b Revised the SS-61 to denote Administrative Review.	P-Jan 05 A-Aug 04	
					Revised form disseminated	26.3.c Revised form and instructions distributed to all CD staff.	P-Jan 05 A-Aug 04	
Item 27: Provides a process that ensures that each child in foster care under the supervision of the State has a permanency hearing in a qualified court or administrative body no later than 12 months from the date the child entered foster care and no less frequently than every 12 months thereafter.		X	Will extract data on most recent court date from ACTS system.  <i>Baseline established on March 31, 2005 86.3%. Goal=88.0%</i>  <i>Goal Achieved</i>					P-Dec 2006  A-Apr 2006
				27.1 Improve access to legal representation for CD.  Jim Harrison		27.1.a See P1.9.4.a		
						27.1.b See P1.9.4.b		
						27.1.c See P1.9.4.c		
						27.1.d See P1.9.4.d		
						27.1.e See P1.9.4.e		
						27.1.f See P1.9.4.f		
						27.1.g See P1.9.4.g		
						27.1.h See P1.9.4.h		
						27.1.i See P1.9.4.i		

Program Improvement Implementation								
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							Benchmark	Goal
	A	N/A						
				27.2 Implement training to develop testifying skills for CD staff.  Jeff Adams		27.2.a Current curriculum evaluated by Division of Legal Services.	P-Apr 05 A-Dec 04	
						27.2.b Obtained technical assistance from DLS, NRC and OSCA.	P-Jun 05 A-Jul 05	
					Curriculum modified	27.2.c Based on evaluation and technical assistance curriculum modified.	P-Oct 05 A-Oct 05	
						27.2.d Modified curriculum approved.	P-Dec 05 A-Dec 05	
					Training curriculum	27.2.e Modified curriculum incorporated into Basic and OJT for existing staff.	P-Mar 06 A-Mar 06	
				27.3 Increase the timeliness of 12 month Permanency Hearings  Cindy Wilkinson Kathryn Sapp		27.3.a See 27.2.a		
						27.3.b See 27.2.b		
						27.3.c See 27.2.c		
						27.3.d See 27.2.d		
						27.3.e See 27.2.e		
					Report on circuits where issues need to be addressed	27.3.f Collaborated with OSCA at the state level to ensure joint accountability for timely court hearings and identify circuits where CD and court issues needed to be addressed.	P-May 05 A-Jun 05	
					Workgroup participant list	27.3.g Developed on-going Court Issues workgroup to monitor timeliness of hearings.	P-June 05 A-Aug 05	
						27.3.h Developed local protocols between the court and CD offices to ensure timely hearings.	P-July 05 A-Aug 05	
					FST policy revision	27.3.i Revised Family Support Team policy to assure 12 month Permanency Hearing date is discussed and documented during team meeting.	P-Jul 05 A-Jul 05	
						27.3.j Incorporated new FST policy into BASIC and OJT training for existing staff.	P-Aug 05 R-Apr 06 A-Apr 06	
						27.4.a See P1.7.4.a		
				27.4 Provide cross training to judiciary, court staff, GALs and		27.4.b See P1.7.4.b		
						27.4.c See P1.7.4.c		

Program Improvement Implementation								
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							Benchmark	Goal
	A	N/A						
				Children's Division staff on ASFA & Permanency hearings consistent with state and federal regulations.  Jeff Adams		27.4.d See P1.7.4.d 27.4.e See P1.7.4.e 27.4.f See P1.7.4.f		
Item 28: Provides a process for termination of parental rights proceedings in accordance with provisions of ASFA.		X	Baseline 83.4%  <b>Goal achieved</b>  Goal 87.5% (Goal established is calculated by taking the average of 8 quarters performance in 2003 and 2004 and adding 5% of the average to measure improvement.)		Monitored through PRR V-14: TPR has occurred or been filed when the child has been in Out-of-Home Care for 15 of the most recent 22 months, or compelling reasons are documented.			P-Dec 2006  A-July 2006
				28.1 Improve access to legal representation for CD.  Jim Harrison		28.1.a See P1.9.4.a 28.1.b See P1.9.4.b 28.1.c See P1.9.4.c 28.1.d See P1.9.4.d 28.1.e See P1.9.4.e 28.1.f See P1.9.4.f 28.1.g See P1.9.4.g 28.1.h See P1.9.4.h 28.1.i See P1.9.4.i		
				28.2 Strengthen worker/supervisor skills in engaging families in the assessment, case		28.2.a See S2.3.2.a 28.2.b See S2.3.2.b 28.2.c See S2.3.2.c 28.2.d See S2.3.2.d 28.2.e See S2.3.2.e		

Program Improvement Implementation								
1			2	3	4	5	6	7
Outcome or Systemic Factors and Item(s) Contributing to Non-Conformity			Goal/Negotiated Measure/Percent of Improvement	Action Steps	Method of Measurement	Benchmarks Toward Achieving Goal	Dates of Achievement	
							Benchmark	Goal
	A	N/A						
				planning and case plan review process to increase parent, caregiver (alternative care provider) and child involvement in case assessment, plan development and reassessment.  Kathryn Sapp		28.2.f See S2.3.2.f		
				28.3 Termination of Parental Rights will be filed in a timely manner, except when compelling reasons are documented.  Cindy Wilkinson		28.3.a See P1.9.1a 28.3.b See P1.9.1.b 28.3.c See P1.9.1.c 28.3.d See P1.9.1.d 28.3.e See P1.9.1.e		
				28.4 Improve diligent search for relatives/parents  Bonnie Washeck		28.4.a See P1.6.2.a 28.4.b See P1.6.2.b 28.4.c See P1.6.2.c 28.4.d See P1.6.2.d		
				28.5 Collaborate with OSCA to amend 211.447 RSMo to ensure consistency w/ASFA requirements regarding filing of TPR petitions w/in 60 days of a judicial determination that the child is an abandoned infant, or that no Reasonable Efforts are required.  Jim Harrison	Draft proposal	28.5.a Proposal drafted.	P-Aug 05 A-Aug 05	
						28.5.b Written proposal reviewed by OSCA and the Department.	P-Oct 05 A-Aug 05	
					Meeting agenda	28.5.c Meetings held between OSCA and the Department of Social Services to finalize proposal.	P-Nov 05 A-Aug 05	
					Draft legislation	28.5.d Advocated for proposed legislation.	P-Jun 06 A-Jul 06	



Program Improvement Implementation								
1			2	3	4	5	6	7
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							Benchmark	Goal
	A	N/A						
Item 29: Provides a process for foster parents, re-adoptive parents, and relative caregivers of children in foster care to be notified of, and have an opportunity to be heard in, any review or hearing held with respect to the child.		X		29.1 Increase ability of foster parents to be notified of and heard in court.  Bonnie Washeck		29.1.a Implemented HB 1453.	P-Aug 04 A-Aug 04	P-Dec 2006
					Consumer survey	29.1.b Revised consumer surveys for foster parents, youth and bio parents to incorporate questions regarding notification of court hearings and opportunity to be heard in court.	P-Jun 05  A-Jun 05	A-May 2005
						29.1.c Emphasized to staff the importance of including correct names and addresses in court reports.	P-Mar 05 A-Apr 05	
					Cross training curriculum	29.1.d Comprehensive Child Welfare Training completed with OSCA.	P-May 05 A-May 05	
Item 30: Standards to assure quality services and ensure children's safety and health	X							
Item 31: Identifiable QA system that evaluates the quality of services and improvements	X							
Item 32: Provision of ongoing staff training that addresses the necessary skills and knowledge	X							
Item 33: Ongoing training for staff		X						P-Dec 2006  A-

Program Improvement Implementation								
1			2	3	4	5	6	7
Outcome or Systemic Factors and Item(s) Contributing to Non-Conformity			Goal/Negotiated Measure/Percent of Improvement	Action Steps	Method of Measurement	Benchmarks Toward Achieving Goal	Dates of Achievement	
							Benchmark	Goal
	A	N/A						
				33.1 Develop supervisory training for front line supervisors.  Jeff Adams		33.1.a Professional Development and Training collaborated with HRC for on-going supervisors training.	P-Feb 04 A-Feb 04	
					Training agenda	33.1.b Implemented Module Four of the CPS Supervisor Training Project.	P-Mar 04 A-Apr 04	
					Training agenda	33.1.c Implemented Module Five of the CPS Supervisor Training Project.	P-Jul 04 A-Aug 04	
					Training agenda	33.1.d Implemented Module Six of the CPS Supervisor Training Project.	P-Oct 04 A-Nov 04	
					Debriefing report	33.1.e CPS Supervisor Training Project Debriefing.	P-Dec 04 A-Dec 04	
					List of trainings offered	33.1.f HRC supervisor administrative pre-service training began for CD supervisors.	P-Dec 04 A-Nov 04	
					Curriculum developed	33.1.g Professional Development and Training completed development of new supervisor training curriculum/structure including initial and on-going training.	P-July 05 A-Jul 05	
						33.1.h Training curriculum reviewed and approved by CD management.	P-Aug 05 A-Aug 05	
						33.1.i Professional Development and Training selected one rural and one metro field test site.	P-Aug 05 A-Aug 05	
						33.1.j Professional Development and Training field tested curriculum in two test sites	P-Sep 05 A-Sep 05	
					Evaluation report	33.1.k Professional Development and Training evaluated field test results	P-Jan 06 A-Jan 06	
					Curriculum revised	33.1.l Professional Development and Training, revised curriculum based on evaluation	P-Jan 06 A-Jan 06	
						33.1.m Professional Development and Training implemented curriculum statewide.	P-Jun 06 A-Jul 06	
				33.2 Develop advanced in-service training module for investigations and	Curriculum developed	33.2.a Professional Development and Training developed advanced in-service curriculum for investigators and assessors.	P-Oct 04 A-Sept 04	

Program Improvement Implementation								
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Outcome or Systemic Factors and Item(s) Contributing to Non-Conformity			Goal/Negotiated Measure/Percent of Improvement	Action Steps	Method of Measurement	Benchmarks Toward Achieving Goal	Dates of Achievement	
							Benchmark	Goal
	A	N/A						
				assessments		33.2.b CD administration approved advanced investigation and assessment in-service training module.	P-Nov 04	
				Jeff Adams	Training dates	33.2.c Professional Development and Training began training advanced investigation and assessment curriculum.	A-Sept 04 P-Jan 05 A-Sept 04	
					Curriculum revised	33.2.d Professional Development and Training evaluated advanced investigation and assessment training module and made revisions.	P-June 05 A-Jun 05	
						33.2.e Professional Development and Training implemented revised investigation and assessment advanced in-service training statewide.	P-Jul 05 A-Jul 05	
				33.3 Develop advanced in-service training module for Family- Centered Services	Workgroup participant list	33.3.a Professional Development and Training formed workgroup to develop Family-Centered Services advanced in-service training module.	P-Feb 04 A-Feb 04	
				Jeff Adams	Focus group report	33.3.b Professional Development and Training workgroup conducted focus groups for feedback on Family-Centered Service training needs.	P-Mar 04 A-Mar 04	
						33.3.c Professional Development and Training reviewed Family-Centered Service focus group feedback.	P-Mar 04 A-Mar 04	
					Curriculum developed	33.3.d Professional Development and Training developed advanced in-service curriculum for Family-Centered Services.	P-Aug 05 A-Aug 05	
						33.3.e CD administration approved advanced Family-Centered Services in-service training module.	P-Aug 05 A-Sep 05	
					Training dates	33.3.f Professional Development and Training began training advanced Family-Centered Services curriculum.	P-Sep 05 A-Oct 05	

Program Improvement Implementation								
1			2	3	4	5	6	7
Outcome or Systemic Factors and Item(s) Contributing to Non-Conformity			Goal/Negotiated Measure/Percent of Improvement	Action Steps	Method of Measurement	Benchmarks Toward Achieving Goal	Dates of Achievement	
							Benchmark	Goal
	A	N/A						
					Curriculum revisions	33.3.g Professional Development and Training evaluated advanced Family-Centered Services training module and made revisions.	P-Mar 06 A-Feb 06	
						33.3.h Professional Development and Training implemented revised Family-Centered Services advanced in-service training statewide.	P-Sep 06 A-Sep 06	
				33.4 Develop advanced in-service training module for Family- Centered Out-of-Home Care services  Jeff Adams	Workgroup participant list	33.4.a Professional Development and Training formed workgroup to develop Family- Centered Out-of-Home Care Services advanced in-service training module.	P-Jun 04 A-Jun 04	
					focus group report	33.4.b Professional Development and Training workgroup conducted focus groups for feedback on Family-Centered Out-of-Home Care Services training needs.	P-Jul 04 A-Jul 04	
						33.4.c Professional Development and Training reviewed Family- Centered Out-of-Home Care Services focus group feedback.	P-Jul 04 A-Jul 04	
					Curriculum developed and reviewed	33.4.d Professional Development and Training developed advanced in-service curriculum for Family-Centered Out-of-Home Care Services and reviewed by OSCA.	P-Oct 05 A-Oct 05	
						33.4.e CD administration approved advanced Family- Centered Out-of-Home Care Services in-service training module.	P-Nov 05 A-Feb 06	
					Training dates	33.4.f Professional Development and Training began training advanced Family- Centered Out-of-Home Care Services curriculum in one metro and one rural site.	P-Dec 05 A-Feb 06	

Program Improvement Implementation								
1			2	3	4	5	6	7
Outcome or Systemic Factors and Item(s) Contributing to Non-Conformity			Goal/Negotiated Measure/Percent of Improvement	Action Steps	Method of Measurement	Benchmarks Toward Achieving Goal	Dates of Achievement	
							Benchmark	Goal
	A	N/A						
					Curriculum revision	33.4.g Professional Development and Training evaluated advanced Family-Centered Out-of-Home Care Services training module and made revisions.	P-Mar 06 A-Mar 06	
						33.4.h Professional Development and Training implemented revised Family-Centered Out-of-Home Care Services advanced in-service training statewide.	P-May 06 A-May 06	
				33.5 Enhanced On-The-Job (OJT) Training  Jeff Adams	Workgroup participant list	33.5.a Professional Development and Training and Children's Services Specialist formed OJT workgroup.	P-Mar 04 A-Mar 04	
					Evaluation tools developed	33.5.b Workgroup developed new evaluation tools for OJT activities.	P-Mar 05 A-Mar 05	
						33.5.c Children's Services Specialists provided enhanced OJT in field and served as clinical mentors/trainers for OJT.	P-June 05 A-Jun 05	
					Core team members	33.5.d Created a core team consisting of social work specialists, supervisors, workers and trainer to enhance the provision of On-the-Job Training (OJT).	P-Jan 06 A-Jan 06	
					List of core skills/competencies	33.5.e Identified core skills/competencies that CD will expect new staff to have after completing BASIC.	P-Apr 06 A-Apr 06	
					Skill guide	33.5.f Beginning skills guide to be developed for use by supervisors.	P-Apr 06 A-Apr 06	
						33.5.g Supervisors commented on the skills/guide list.	P-Jun 06 A-Jun 06	
						33.5.h Skills guide modified after comment periods.	P-Jun 06 A-Jul 06	
						33.5.i Skills guide/list available for statewide use by supervisors.	P-Aug 06 A-Aug 06	
				33.6 Create training advisory Committee to annually assess needs and evaluate training	Advisory Committee participant list	33.6.a Professional Development and Training created state training advisory committee, including schools of social work.	P-Mar 05 R-Oct 06 A-Oct 06	

Program Improvement Implementation								
1			2	3	4	5	6	7
Outcome or Systemic Factors and Item(s) Contributing to Non-Conformity			Goal/Negotiated Measure/Percent of Improvement	Action Steps	Method of Measurement	Benchmarks Toward Achieving Goal	Dates of Achievement	
							Benchmark	Goal
	A	N/A						
				Jeff Adams	Mission statement	33.6.b Advisory committee developed a mission statement.	P-Apr 05 R-Oct 06 A-Oct 06	
					Written assessment plan	33.6.c Advisory Committee developed a written plan for assessing training needs	P-May 05 R-Nov 06 A-	
					Written evaluation plan	33.6.d Advisory Committee developed a written plan for evaluating training needs	P-May 05 R-Nov 06 A-	
						33.6.e Plan submitted to CD administrators for approval	P-Jul 05 R-Dec 06 A-	
				33.7 Develop Child Abuse and Neglect Training (CA/N) Institute for CD staff  Cindy Wilkinson	Committee participant list	33.7.a CA/N Training Institute Planning Partnership committee met to finalize topics and session content for upcoming three CA/N Training Institutes	P-Jan 04  A-Jan 04	
					Training agenda	33.7.b Held first CA/N Training Institute Session	P-Apr 04 A-Jun 04	
					Training agenda	33.7.c Held second CA/N Training Institute	P-Nov 04 A-Nov 04	
					Training agenda	33.7.d Held third CA/N Training Institute	P-Feb 05 A-Feb 05	
				33.8 Provide training based on circuit specific needs  Jeff Adams	Circuit Self-Assessments	33.8.a Circuits completed Circuit Self-Assessments	P-Aug 04 A-Aug 04	
						33.8.b Circuits notified Professional Development and Training Unit of targeted training needs	P-Nov 04  A-Nov 04	
						33.8.c Professional Development and Training Unit to began providing targeted training to circuits based on identified need	P-Jan 05  A-Jan 05	
Item 34: Provision of training for caregivers and adoptive parents that parents addresses the	X							

Program Improvement Implementation								
1			2	3	4	5	6	7
Outcome or Systemic Factors and Item(s) Contributing to Non-Conformity			Goal/Negotiated Measure/Percent of Improvement	Action Steps	Method of Measurement	Benchmarks Toward Achieving Goal	Dates of Achievement	
							Benchmark	Goal
	A	N/A						
necessary skills and knowledge								
Item 35: Service array		X						P-Dec 2006 A-July 2006
				35.1 Increase access and availability to dental services  Bonnie Washeck		35.1.a See WB3.22.1.a 35.1.b See WB3.22.1.b 35.1.c See WB3.22.1.c 35.1.d SeeWB3.22.1.d 35.1.e SeeWB3.22.1.e		
				35.2 Increase the ability of staff and families to access Alcohol and Drug Abuse Services (ADA)  Jeff Adams	Curriculum developed	35.2.a Professional Development and Training developed Family Drug and Safety Training based in focus group information	P-Jan 04  A-Jan 04	
					Training agenda and date	35.2.b Presented Drug training to focus group	P-Feb 04 A-Feb 04	
					Field test training	35.2.c Field tested drug training in Southwest region	P-Jun 04 A-Jun 04	
					Training agenda	35.2.d Second field test conducted in Jefferson County	P-Nov 04 A-Nov 04	
					Curriculum revised	35.2.e Curriculum revised to reflect recommendations during field test, including target audiences and how many staff	P-Apr 05  A-Apr 05	
					Training dates and sites	35.2.f Completed three additional Family, Drugs and Safety trainings across the state.	P-Jun 06  A-Jul 06	
				35.3 Increase availability of specialized foster homes for older youth, siblings, disabled and medically fragile children.  Cindy Wilkinson		35.3.a See P1.6.5.a 35.3.b See P1.6.5.b 35.3.c See P1.6.5.c 35.3.d See P1.6.5.d 35.3.e See P1.6.5.e		

Program Improvement Implementation								
1			2	3	4	5	6	7
Outcome or Systemic Factors and Item(s) Contributing to Non-Conformity			Goal/Negotiated Measure/Percent of Improvement	Action Steps	Method of Measurement	Benchmarks Toward Achieving Goal	Dates of Achievement	
							Benchmark	Goal
	A	N/A						
				35.4 Increase availability of and access to parenting classes and family/parent aide services.  Bonnie Washeck	Circuit self-assessment	35.4.a Through circuit self-assessment, determined available parenting classes and family/parent aide services	P-Mar 05 A-Aug 04	
					CTS contracts	35.4.b Developed performance based CTS contracts for family/parent aide and parenting class service	P-Feb 06 A-Feb 06	
				35.5 Increase services to meet the needs of non-English speaking consumers. Kathryn Sapp	Circuit self-assessments	35.5.a Through circuit self-assessment, determined available interpretive services for non-English speaking clients	P-Mar 05 A-Aug 04	
					Recruitment plans	35.5.b Developed recruitment plan for multi/bilingual staff in circuits with identified need	P-May 05 A-Jul 05	
					Forms translated	35.5.c Made CD forms available in other languages (Spanish to accommodate growing Hispanic population)	P-Dec 05 A-Dec 05	
				35.6 Increase availability of transportation services.  Bonnie Washeck	Circuit self-assessment	35.6.a Available transportation services determined through circuit self-assessment.	P-Mar 05 A-Aug 04	
						35.6.b Recruited regional service organizations to provide transportation services.	P-May 05 A- Jul 05	
					CTS contracts	35.6.c Issued state-wide transportation contracts.	P-Mar 06 A-Feb 06	
Item 36: The services in item 35 are accessible to families and children in all political jurisdictions covered in the State's CFSP.		X		See Item 35, 1-6				P-Dec 2006 A-July 2006
Item 37: The services in item 35 can be		X						P-Dec 2006 A-July 2006



Program Improvement Implementation								
1			2	3	4	5	6	7
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							Benchmark	Goal
	A	N/A						
individualized to meet the unique needs of children and families served by the agency.								
				37.1 Increase access to existing services		See Item 35 1-6		
				37.2 Strengthen worker/supervisor skills in engaging families in the assessment, case planning and case plan review process to increase parent, caregiver (alternative care provider) and child involvement in case assessment, plan development and reassessment.		37.2.a See S2.3.2.a		
						37.2.b See S2.3.2.b		
						37.2.c See S2.3.2.c		
						37.2.d See S2.3.2.d		
						37.2.e See S2.3.2.e		
						37.2.f See S2.3.2.f		
				Kathryn Sapp				
Item 38: Engages in ongoing consultation with critical stakeholders in developing the CFSP	X							
Item 39: Develops annual progress reports in consultation with stakeholders	X							
Item 40: Coordinates services with other federal programs	X							

Program Improvement Implementation								
1			2	3	4	5	6	7
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							Benchmark	Goal
	A	N/A						
Item 41: Standards for foster family and child care institutions	X							
Item 42: Standards are applied equally to all foster family and child care institutions	X							
Item 43: Conducts necessary criminal background checks.	X							
Item 44: Diligent recruitment of foster and adoptive families that reflect children's racial and ethnic diversity.		X						P-Dec 2006 A-July 2006
				44.1 Increase the number of resource families.  Cindy Wilkinson		44.1.a See P1.6.5.a		
						44.1.b See P1.6.5.b		
						44.1.c See P1.6.5.c		
						44.1.d See P1.6.5.d		
						44.1.e See P1.6.5.e		
						44.1.f See P 2.12.3.a		
						44.1.g See P 2.12.3.b		
						44.1.h See P 2.12.3.c		
						44.1.i See P 2.12.3.d		
						44.1.j See P 2.12.3.e		
Item 45: Uses cross-jurisdictional resources to find placements	X							

**Children's Bureau**  
**Child and Family Services Reviews**  
**IV. Program Improvement Plan Matrix (PIP Matrix)**

State: Missouri

ACF Regional Office:

State contact and telephone: Lee Temmen, 573-526-3735    \_\_\_ Region I    \_\_\_ Region IV    X Region VII    \_\_\_ Region X

ACF Contact and telephone: Ann Burds, 816 426-2260    \_\_\_ Region II    \_\_\_ Region V    \_\_\_ Region VIII

Date and quarter submitted: March 1, 2007 – 8<sup>th</sup> Quarter    \_\_\_ Region III    \_\_\_ Region VI    \_\_\_ Region IX

Gray = completed

A = Achieved

N/A = Not Achieved

**\*Performance derived using the average of pervious four quarters performance**

Program Improvement Implementation								
1			2	3	4	5	6	7
Outcome or Systemic Factors and Item(s) Contributing to Non-Conformity			Goal/Negotiated Measure/Percent of Improvement	Action Steps	Method of Measurement	Benchmarks Toward Achieving Goal	Dates of Achievement	
							Benchmark	Goal
	A	N/A						
<b>Safety Outcome S1:</b>								
<b>Item 1:</b> Timeliness of initiating investigations of reports of child maltreatment		X	Baseline 76.6% (derived from average of 8 quarters in FY 2003 and 2004)  Goal = 80.4%  8th Quarter performance = <b>73.4%</b>		Monitored through CD Outcomes Report Outcome #1: Improve timeliness of initial child contact.			Projected - Dec 2006  Actual - Nov 2006
				S1.1.1 Clarify policy regarding timeliness of initiating reports of child maltreatment.  Kathryn Sapp		S1.1.1.a Refined definition of "initiating" reports.	P-Mar 05 A-Mar 05	
						S1.1.1.b Policy clarified regarding multi disciplinary team contact.	P- Mar 05 A-Mar 05	
						S1.1.1.c Policy clarified regarding face-to-face contact and determining safety of the child.	P-Mar 05 A-Mar 05	
					Policy issuance	S1.1.1.d Policy disseminated to all CD staff.	P-Mar 05 A-May 05	

Program Improvement Implementation								
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							Benchmark	Goal
	A	N/A						
				S1.1.2 Increase accuracy of data regarding initial contact.  Kathryn Sapp Susan Savage		S1.1.2.a Data system entry guidelines clarified for "initial contact".	P-Aug 05 A-Aug 05	
						S1.1.2.b As determined, if needed by policy clarification, additional systems entry codes developed to capture accurate data.	P-Feb 06 A-Jan 06	
					PRR revised	S1.1.2.c Revised Peer Record review questions to assess accuracy of coding.	P-Sept 05 A-Oct 05	
					Quarterly PRR results	S1.1.2.d Circuit Managers and the assisting QA specialists monitor quarterly Peer Record results and make recommendations for improvements.	P-Ongoing quarterly A-Ongoing quarterly	
				S1.1.3 Study feasibility for alternative protocols for managing non CA/N referrals  Virginia Lewis-Brunk	Demographic data	S1.1.3.a CD/FSD assessed demographics for non CA/N referrals.	P-Apr 04 A-Apr 04	
					Protocol written	S1.1.3.b Protocol written for screening and assigning non CA/N referrals for test sites in Jackson, Clay and Platte Counties.	P-May 04 A-May 04	
					Training agenda	S1.1.3.c Training provided to CD/FSD workers and supervisors regarding new protocol for testing.	P-May 04 A-May 04	
						S1.1.3.d Launched a non CA/N referral alternate response process in Jackson, Clay and Platte Counties.	P-Jul 04 A-Jul 04	
					Pilot data	S1.1.3.e Convened workgroup to evaluate CD/FSD pilot for non CA/N referrals.	P-Jan 05 A-Jan 05	
					Recommendations report	S1.1.3.f Workgroup to provide recommendations for modifications of non CA/N referral protocol and test site continuation.	P-Apr 05 A-Apr 05	
					Recommendation Plan	S1.1.3.g Recommendation plans finalized.	P-Apr 05 A-Apr 05	
					Implementation plan	S1.1.3.h Implementation plans finalized to implement in target areas	P-Aug 05 A-Apr 05	

Program Improvement Implementation								
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	A	N/A						
				S1.1.4 Develop improvement plan to respond timely to reports of maltreatment  Kathryn Sapp	Circuit self-assessments	S1.1.4.a Circuit level assessment to evaluate CA/N response completed.	P-Oct 04 A-Aug 04	
					Established protocol	S1.1.4.b Local protocol for CA/N response established.	P-Mar 05 A-Mar 05	
					Implemented protocol	S1.1.4.c Implemented local protocol for improvement of maltreatment.	P-Apr 05 A-Apr 05	
						S1.1.4.d Monitored the improved timeliness of initial child contact.	P-Jul 05 A-Jul 05	
				S1.1.5 Call Management and Structured Decision Making (SDM) Protocols Implemented at the Child Abuse and Neglect Hotline Unit (CA/N HU) to provide consistent screening and classification of calls received.  Charlotte Gooch	Protocols developed	S1.1.5.a Began development of SDM and Call Management protocols for CA/N HU.	P-Dec 03 A- Dec 03	
						S1.1.5.b Incorporated SDM and Call management protocols into CA/N HU process.	P-Apr 04 A-Apr 04	
					Training agenda	S1.1.5.c Remaining CA/N HU staff trained on protocols and using call management system.	P-Aug 04 A-Aug 04	
					CA/N HU Supervisory Review Tool developed	S1.1.5.d CA/N HU Supervisory Review tool developed to assess quality.	P-Sept 05 A-Sept 05	
						S1.1.5.e CA/N Hotline protocols automated.	P-Sept 05 A-Jun 05	
					PRR revision	S1.1.5.f Added CA/N HU section to the Peer Record Review tool.	P-Sept 05 A-Oct 05	
					PRR tool analysis. On going data collected and reviewed quarterly.	S1.1.5.g Collected and analyzed PRR tool results for practice enhancements. Analysis.	P-Jan 2006 Ongoing Quarterly A- Jan 06 Quarterly	
				S1.1.6 Revised policy relating to non CA/N referrals (M,P,N) given the division's need to better address its core functions and	PowerPoint Presentation	S1.1.6.a. Revised and provided training as needed to community partners on differences between CA/N reports and non-CA/N (mandated reporter) related Alpha referrals.	P-Feb 05 Ongoing  A-Feb 05 Ongoing	

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							Benchmark	Goal
	A	N/A						
				statutory mandates, with existing available resources.  Kathryn Sapp		S1.1.6.b. Local staff presented training to school personnel as requested.	P-July 05 A-July 05	
						S1.1.6.c. Defined what statutory core functions are.	P-Dec 05 A-Dec 05	
					Draft plan	S1.1.6.d. Developed proposed plan for information dissemination on practice changes regarding non CA/N calls.	P- Dec 05 A-Dec 05	
					Consult with NRC-CPS	S1.1.6.e. Consulted with National Resource Center on Child Protective Services regarding non CA/N referrals.	P-Feb 06 A-Nov 05	
						S1.1.6.f. Shared proposed plan with Regional Directors.	P-Apr 06 A-Apr 06	
					Modified plan	S1.1.6.g. Modified proposed plan, if needed, based on recommendations of the Regional Director	P-May 06 A-May 06	
						S1.1.6.h Shared proposed plan with and provided (mandated reporter) training to CJA taskforce.	P-Jun 06 A-Jun 06	
					CJA recommendations	S1.1.6.i .Shared CJA taskforce recommendations with CD administration.	P-Jul 06 A-Jul 06	
						S1.1.6.j. CD continued to accept non CA/N referrals based on feedback from CJA Taskforce and other community partners, but continued to discuss alternative ways of handling these calls of concern.	P-Oct 06 Ongoing A-Oct 06 Ongoing	
						S1.1.6.k. Continued to provide mandated reporter training to MO Hospital and School Counselors Associations.	P-Nov 06 A-Nov 06	
Item 2: Repeat maltreatment		X	CA/N Recidivism Nat'l Standard 6.1 % or less					P-Dec 2006
Recurrence of Maltreatment:								A-Sept 2005

Program Improvement Implementation								
1			2	3	4	5	6	7
Outcome or Systemic Factors and Item(s) Contributing to Non-Conformity			Goal/Negotiated Measure/Percent of Improvement	Action Steps	Method of Measurement	Benchmarks Toward Achieving Goal	Dates of Achievement	
							Benchmark	Goal
	A	N/A						
Of all children who were victims of a substantiated or indicated maltreatment report in the first six months of the fiscal year, what percent were victims of another substantiated or indicated report within a 6 month period			Baseline 8.3% NCANDS Goal 7.4% (Based on Federal formula for goal setting.  8th quarter performance= 4.2% based on quarterly Outcome Report not NCANDS. NCANDS data not available quarterly.					
				S1.2.1 Ensure consistent and accurate completion of SDM safety and risk assessment.  Kathryn Sapp Cindy Wilkinson	PRR revision	S1.2.1.a Incorporated SDM safety and risk assessment questions into Peer Record Review Tool.	P-Jan 04 A-Feb 04	
					Training curriculum	S1.2.1.b Modified BASIC training curriculum and ongoing training curriculum based on PRR results.	P-Feb 04 A-Mar 04	
					Training agenda	S1.2.1.c Conducted initial in-service training with CD and court staff.	P-Jun 04 A-Jun 04	
					Evaluation Report	S1.2.1.d Evaluated SDM Peer Record Review Outcomes.	P & A-On-going & quarterly	
					In-service training agenda	S1.2.1.e Convene workgroup to finalize SDM review tool and instruction to field.	P-Feb 05 A-Dec 04	
						S1.2.1.f Instruct field staff to review 10% of cases using SDM review tool.	P-Apr 05 A-Apr 05	
						S1.2.1.g Evaluate results of review, identify circuits whose needs are more imminent for the training.	P-Jul 05 A-Jul 05	
						S1.2.1.h As needed, provided training to circuits identified with imminent need.	P-Sep 05 ongoing A-Sep 05	

Program Improvement Implementation								
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Outcome or Systemic Factors and Item(s) Contributing to Non-Conformity			Goal/Negotiated Measure/Percent of Improvement	Action Steps	Method of Measurement	Benchmarks Toward Achieving Goal	Dates of Achievement	
							Benchmark	Goal
	A	N/A						
<b>Incidence of Child Abuse and/or Neglect in Foster Care:</b>  Of all children who were in foster care during the reporting period of the fiscal year, what percent experienced maltreatment from foster parents or facility staff members?			CA/N in AC Nat’l Standard 0.57% or less  MO FFY 2003 NCANDS Baseline 0.37%  <b>Goal Achieved</b>					P-Jan 2007  A-Jan 2007
				S1.2.2 Implementation of “Confirming Safe Environments” (CSE) process.  Susan Savage	Training agenda	S1.2.2.a All staff trained in CSE process in test sites of Pettis, Cooper, and Greene.	P-Jul 04  A-Jul 04	
					Training agenda	S1.2.2.b Trained one Out-of-Home Unit on CSE in St. Louis City.	P-Jul 04 A-Jul 04	
						S1.2.2.c In-house expertise developed for training	P-Dec 04 A-Dec 04	
					Evaluation report	S1.2.2.d Central Office staff summarized test site implementation in Pettis, Cooper and Greene for Child Protection	P-Mar 05  A-Mar 05	
					Review of CSE curriculum	S1.2.2.e Strengths in summary and CSE curriculum identified by Visitation Workgroup.	P-Aug 05  A-Aug 05	
					Workgroup recommendations report	S1.2.2.f. Visitation Workgroup presented recommendations on enhancing visitation and safety policies throughout the continuum of services to Executive staff.	P-Nov 05  A-Nov 05	
						S1.2.2.g. Executive staff met to approve recommendations.	P-Jan 06 A-Jan 06	



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							Benchmark	Goal
	A	N/A						
						S1.2.2.h. Central Office staff met to begin addressing policy assignments.	P-Feb 06 A-Feb 06	
						S1.2.2.i Developed safety policy regarding assessment of safety at and throughout placement.	P-Apr 06 A-Apr 06	
					Meeting notes	S1.2.2.j Staff Training and Development met to discuss incorporating Visitation Workgroup recommendations into training for staff and foster parents	P-Apr 06 A-Apr 06	
					Policy memo	S1.2.2.k Policy memo disseminated to staff.	P-May 06 A-May 06	
					Training plan	S1.2.2.l Training began on policy enhancements to new and existing staff.	P-Jul 06 A-Jul 06	
				S1.2.3 Strengthen policy regarding assessment of safety at and throughout placement.  Cindy Wilkinson	Convened Visitation workgroup	S1.2.3.a Visitation Workgroup convened to review current visitation and safety policy.	P-May 05 A-May 05	
					Workgroup Recommendations	S1.2.3.b Visitation Workgroup presented recommendations on enhancing visitation and safety policies throughout the continuum of services to Executive staff.	P-Nov 05 A-Nov 05	
					Draft policy	S1.2.3.c Developed safety policy regarding assessment of safety at and throughout placement.	P-Apr 06 A-Apr 06	
						S1.2.3.d Staff Training and Development met to discuss incorporating Visitation Workgroup recommendations into training for staff and foster parents.	P-Apr 06 A-Apr 06	
					Policy disseminated	S1.2.3.e Policy disseminated.	P- May 06 A-June 06	
						S1.2.3.f Training began on policy enhancements to new and existing staff	P-Jul 06 A-Jul 06	
				S1.2.4 Practice Enhancement Teams		S1.2.4.a Developed PET roles and responsibilities.	P-Feb 05 A-Feb 05	

Program Improvement Implementation								
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Outcome or Systemic Factors and Item(s) Contributing to Non-Conformity			Goal/Negotiated Measure/Percent of Improvement	Action Steps	Method of Measurement	Benchmarks Toward Achieving Goal	Dates of Achievement	
							Benchmark	Goal
	A	N/A						
				(PET) assist Circuit Managers in development of improvement strategies to reduce repeat maltreatment and CA/N in foster care.  Bonnie Washeck	Organizational Chart	S1.2.4.b PET teams developed.	P-Mar 05 A-Mar 05	
					Current data on repeat maltreatment	S1.2.4.c Convened PET teams to review Circuit Self-Assessments in the areas of repeat maltreatment and CA/N in foster care.	P-Apr 05 A-Apr 05	
					List of strategies –	S1.2.4.d PET teams and Circuit Managers developed improvement strategies.	P-May 05 A-Jul 05	
					Program improvement plans developed	S1.2.4.e Program improvement plans implemented by Circuit Managers and staff.	P-Aug 05 A-Aug 05	
				S1.2.5. Strengthen policy and practice relating to chronic neglect and accumulation of harm.  Kathryn Sapp	Analysis report	S1.2.5.a Statewide analysis of families with multiple reports completed by CD and Institute of Applied Research (IAR).	P-June 04 A-Feb 04	
					Waiver application	S1.2.5.b Submit revised Title IV-E waiver application for Chronic Neglect pilot.	P-Jan 05 A-May 05	
					Training curriculum	S1.2.5.c Training Curriculum for pilot sites developed regardless of waiver outcome.	P-July 05 A-Jun 05	
						S1.2.5.d Three pilot sites selected (Jasper, McDonald and Newton counties) based on negotiations with Federal partners.	P-July 05 A-Jun 05	
					Training agenda	S1.2.5.e Pilot sites trained by FCS consultants.	P-Jul 05 A-Jun 05	
					IAR Screening Tool	S1.2.5.f Used IAR's screening tool to determine if families meet the CN criteria.	P-Nov 05 A-Oct 05	
					Tracking tool	S1.2.5.g Developed a tool for manual tracking of CN families to be utilized throughout pilot	P-Feb 06 R-May 06 A-May 06	
						S1.2.5.h Met with Regional and Circuit administrators to strategize about next steps and community forum.	P-Jun 06 A-Jun 06	

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							Benchmark	Goal
	A	N/A						
						S1.2.5.i Held community forum to gain support from stakeholder.	P-Jul 06 R-Aug 06 A-Aug 06	
						S1.2.5.j Initiated pilot.	P-Aug 06 R-Oct 06 A-Sep 06	
					Evaluation report	S1.2.5.k CD staff evaluated short term output of pilot effectiveness.	P-Jan 07 A-Jan 07	
				S1.2.6 Develop performance-based contract for foster parents  Bonnie Washeck	Licensing rules	S1.2.6.a Incorporated HB 1453 legislation regarding the Professional Family Development Plan (PFDP) into Licensing rules.	P-May 05  A-May 05	
						S1.2.6.b Identified the performance based criteria required for the PFDP.	P-Aug 05 A-Oct 05	
						S1.2.6.c Informed foster parents of PFDP criteria at assessment and reassessment	P-Aug 05  A-Oct 05	
					Memo	S1.2.6.d Identify plan to inform CD staff of new requirements for foster parents.	P-Nov 05  A-Apr 06	
					Training agenda	S1.2.6.e Trained CD staff on PFDP and how to assist family in developing and implementing the plan.	P-Feb 06  A-Mar 06	
						S1.2.6.f Identified resources for foster families to use to successfully implement PFDP.	P-Mar 06  A-Mar 06	
						S1.2.6.g Initiated PFDP for all new and reassessed foster parents.	P-May 06 A-May 06	
<b>Safety Outcome S2:</b>								
<b>Item 3:</b> Services to family to protect child(ren) in home and prevent removal		X	Renegotiated Baseline = 88.1%  8th quarter PRR performance =		Peer Record Review (PRR) IV-13. Services being provided to the family are			P-Dec 2006  A-July 2006

Program Improvement Implementation								
1			2	3	4	5	6	7
Outcome or Systemic Factors and Item(s) Contributing to Non-Conformity			Goal/Negotiated Measure/Percent of Improvement	Action Steps	Method of Measurement	Benchmarks Toward Achieving Goal	Dates of Achievement	
							Benchmark	Goal
	A	N/A						
			<b>88.2%</b>  Renegotiated goal = 89.9% (Goal established is calculated by taking the 4 <sup>th</sup> quarter performance and adding 2% increase for improvement.)		adequate to meet their needs as identified in the assessment.  (Previous measure used was IV-15).			
				S2.3.1 Improve family assessment and case plan tools to better link service provision to the needs of the family identified in the initial and ongoing assessments; include a mechanism for family self-assessment and identified areas <b>specifically</b> related to child safety and risk concerns (to be completed concurrently with S2.3.2)  Kathryn Sapp	Draft of CD-14	S2.3.1.a CD-14 family assessment tool field test initiated in Circuit 2.	P-Sep 04 A-Sep 04	
						S2.3.1.b CD-14 family assessment tool field test expanded to other sites.	P-May 05 A-Feb 05	
					Evaluation report	S2.3.1.c Results of field test evaluated and analyzed by staff and work group.	P-Jun 05 A-Mar 05	
					Revised CD-14	S2.3.1.d Revised CD-14 as needed.	P-Jul 05 A-Apr 05	
						S2.3.1.e Recommendations regarding changes made.	P-Feb 06 A-Feb 06	
					Policy issuance	S2.3.1.f Policy issued with new documents and instructions.	P-Oct 05 R-Jan 06 A-Dec 05	
					Training	S2.3.1.g Training of existing staff completed.	P-Jan 06 A-Feb 06	
						S2.3.1.h Incorporated changes into BASIC training.	P-Jan 06 A-Feb 06	
				S2.3.2 Strengthen worker/supervisor skills in engaging families in the assessment, case planning and case plan review process to increase parent,		S2.3.2.a Conducted focus groups (workers, supervisors, circuit managers and consumers) in four circuits (circuits 1, 2, 10, 41) to identify clinical support needs.	P-Aug 04  A-Aug 04	
					Supplemental Supervisory Training	S2.3.2.b Focus group results compiled and used for supplemental supervisory training.	P-Oct 04 A-Oct 04	

Program Improvement Implementation								
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							Benchmark	Goal
	A	N/A						
				caregiver (alternative care provider) and child involvement in case assessment, plan development and reassessment.  Bonnie Washeck	Training curriculum developed and began	S2.3.2.c Training curriculum developed and supplemental FST training began.	P-Feb 05 A-Feb 05	
						S2.3.2.d Up to twenty sessions of Supplemental Supervisory training for all Supervisor I's began.	P-Feb 05 A-Mar 05	
					Training agenda and summary of feedback	S2.3.2.e Training provided for existing staff and feedback solicited from trainees on training.	P-Oct 05 A-Oct 05	
					Survey results and circuit improvement plans	S2.3.2.f PET teams annually analyzed family satisfaction survey data and PDR results for improvement with the expectation that circuits develop methods to improve.	P-Nov 05 annually R-Apr 06 A-Apr 06	
				S2.3.3 Improve supervisory capacity to monitor enhanced practice relating to case planning. Susan Savage		S2.3.3.a Reviewed existing supervisory case review tools.	P-May 05 A-May 05	
					Draft of tool	S2.3.3.b Created draft standardized supervisory case review tool.	P-June 05 A-Sep 05	
						S2.3.3.c Supervisory case review tool field tested by selected supervisors.	P-Sept 05 A-Sep 05	
					Feedback summary	S2.3.3.d Feedback from field testing reviewed by review team.	P-Jan 06 A-Dec 05	
					Tool revision	S2.3.3.e Supervisory case review tool revised as needed.	P-Jan 06 A-Jan 06	
					Protocol established and manual revision	S2.3.3.f Protocol for supervisory case review established and manual revisions made.	P-Jan 06 A-Jan 06	
						S2.3.3.g System automation completed for supervisory case review tool.	P-Feb 06 R-Jul 06 A-Jul 06	
					Policy disseminated and implemented	S2.3.3.h Supervisory case review tool and protocols approved and distributed for statewide use.	P-Feb 06 R-Jul 06 A-Jul 06	
				S2.3.4 Establish procedures to access various service		S2.3.4.a Developed service access funding grid and guidelines.	P-Aug 05 A-Aug 05	

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							Benchmark	Goal
	A	N/A						
				funding streams.  Bonnie Washeck	Guidelines distributed	S2.3.4.b Distributed service access funding grid and guidelines to all staff.	P-Sept 05 A-Feb 06	
				S2.3.5. Per new legislation, develop state comprehensive children's mental health plan to increase level of cooperation between court, mental health, child welfare and families.  Jim Harrison		S2.3.5.a Barriers identified for children needing mental health services.	P-Jan 05 A-Jan 05	
						S2.3.5.b Funding mechanisms established for providing mental health services.	P-Jan 05 A-Jan 05	
					Coordination plan	S2.3.5.c Plan developed for coordination of resources from multiple agencies.	P-Jan 05 A-Jan 05	
						S2.3.5.d Evaluation methodology established.	P-Jan 05 A-Jan 05	
					Report submission	S2.3.5.e Report with recommendations submitted to legislators and governor.	P-Jan 05 A-Jan 05	
Item 4: Risk of harm to child(ren)		X			PRR IV-13 was removed as a measure for this item per 4 <sup>th</sup> quarter renegotiation.			P-Dec 2006  A-July 2006
				S2.4.1 Ensure consistent and accurate completion of SDM safety and risk assessment.  Cindy Wilkinson	SDM Review Tool	S2.4.1.a See S1.2.1.a		
						S2.4.1.b See S1.2.1.b		
						S2.4.1.c See S1.2.1.c		
						S2.4.1.d See S1.2.1.d		
						S2.4.1.e See S1.2.1.e		
						S2.4.1.f See S1.2.1.f		
						S2.4.1.g See S1.2.1.g		
						S2.4.1.h See S1.2.1.h		
				S2.4.2 Implementation of "Confirming Safe Environments" process.		S2.4.2.a See S1.2.2.a		
						S2.4.2.b See S1.2.2.b		
						S2.4.2.c See S1.2.2.c		
						S2.4.2.d See S1.2.2.d		
						S2.4.2.e See S1.2.2.e		

Program Improvement Implementation								
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							Benchmark	Goal
	A	N/A						
				Susan Savage		S2.4.2.f See S1.2.2.f S2.4.2.g See S1.2.2.g S2.4.2.h See S1.2.2.h S2.4.2.i See S1.2.2.i S2.4.2.j See S1.2.2.j S2.4.2.k See S1.2.2.k S.2.4.2.l See S1.2.2.l		
				S2.4.3 Implement enhanced background screening for foster/kinship and court ordered providers.	Policy disseminated	S2.4.3.a Policy for enhanced background screening implemented statewide.	P-Aug 04 A-Aug 04	
						S2.4.3.b Policy updates and supervisory consultations with existing staff.	P-Aug 04 A-Aug 04	
				Cindy Wilkinson		S2.4.3.c Incorporated enhanced background screening into on-going STARS and BASIC training.	P-Nov 04 A-Nov 04	
				S2.4.4 Development of "Culture of Care Initiative" for improving safety and nurturance of children in a residential care setting.	Committee member list	S2.4.4.a Work committees formed with volunteers from residential sites to develop curriculum.	P-Jan 04 A-Jan 04	
					Curriculum	S2.4.4.b Curriculum Drafted.	P-Mar 04 A-Mar 04	
						S2.4.4.c Curriculum approved by CD administration.	P-May 04 A-May 04	
				Fred Proebsting		S2.4.4.d Roundtables held with CEO's to discuss curriculum.	P-Jul 04 A-Jul 04	
					Training agenda	S2.4.4.e NRC Train-the-Trainers session held/2 days in KC and St. Louis for residential licensed providers.	P-Aug 04 A-Aug 04	
						S2.4.4.f Measured through a reduction of the number of preponderance of evidence reports received by the residential treatment facilities.	P-Ongoing A-Ongoing	
				S2.4.5 Improve family assessment and case plan tools to better link service provision		S2.4.5.a See S2.3.1.a S2.4.5.b See S2.3.1.b S2.4.5.c See S2.3.1.c S2.4.5.d See S2.3.1.d		

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							Benchmark	Goal
	A	N/A						
				to the needs of the family identified in the initial and ongoing assessments; include a mechanism for family self-assessment and identified areas <b>specifically</b> related to child safety and risk concerns.  Kathryn Sapp		S2.4.5.e See S2.3.1.e		
						S2.4.5.f See S2.3.1.f		
						S2.4.5.g See S2.3.1.g		
						S2.4.5.h See S2.3.1.h		
<b>Permanency Outcome 1</b>								
<b>Item 5</b>	X		Passed CFSR On-site review and 2002 AFCARS					
<b>Item 6:</b> Stability of foster care placement		X	Stability in foster care. Nat'l Standard 86.7% or more  8th quarter performance based on quarterly outcomes report = <b>78.9%*</b> Data profile: 8-3-06 Rolling yr. end 3/31/06 for stability = <b>81.5%</b> MO FFY 2003 78.6% AFCARS Goal 80.5% (Based on Federal formula for goal setting).					P-Jan 2007  A-Jan 2007



Program Improvement Implementation								
1			2	3	4	5	6	7
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							Benchmark	Goal
	A	N/A						
				P1.6.1 Increase system capacity to accurately track placement kinship vendor types.  Lesley Pettit		P1.6.1.a Logic created to track additional placement types 1) Kin, Related, Not licensed 2) Kin, Non-related, Not licensed 3) Kin, Non-related, Licensed.	P-Mar 05  A-Feb 05	
						P1.6.1.b Coding changes in Legacy completed.	P-May 05 A-May 05	
					Policy disseminated	P1.6.1.c Policy updated and distributed to CD staff.	P-Aug 05 A-Sep 05	
					Data converted	P1.6.1.d Staff will convert existing data to reflect accurate placement types.	P-Dec 05  A-Feb 06	
					Quarterly Outcome Report	P1.6.1.e Coding changes to be reflected in Quarterly Outcome Report.	P-Apr 06  A-Mar 06	
				P1.6.2 Improve diligent search for relatives/missing parents.  Bonnie Washeck		P1.6.2.a Potential explored for CD staff to access existing diligent search mechanisms.	P-Jul 04  A-Jul 04	
					Procedure disseminated	P1.6.2.b Diligent search procedure developed, distributed, and monitored through supervisory oversight.	P-Aug 04  A-Aug 04	
						P1.6.2.c Established agreements, as necessary, with other state agencies (possibly through Family Support Division and OSCA) to enhance access to state databases as mechanisms for diligent search.	P-Mar 05  A-Apr 05	
					Quarterly outcome reports	P1.6.2.d CD staff utilize enhanced diligent search mechanism and monitored through supervisory oversight.	P-Apr 05  A-Apr 05	
				P1.6.3 Expand use of family support team meetings to promote stability in alternative care placements  Kathryn Sapp Cindy Wilkinson	Plan disseminated	P1.6.3.a Plan written and disseminated for HB 1453 requirement of a FST prior to or immediately after an impending move.	P-Aug 04  A-Aug 04	
						P1.6.3.b Made ACTS system changes to track FSTs held prior to or immediately after a move.	P-Aug 04  A-Aug 04	

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							Benchmark	Goal
	A	N/A						
						P1.6.3.c Central Office staff provided training to regional staff on HB 1453 requirements	P-Aug 04 A-Aug 04	
						P1.6.3.d Regional staff provided localized training to existing staff on HB 1453 requirement	P-Sep 04 A-Sep 04	
						P1.6.3.e Policy incorporated into BASIC training.	P-Dec 04 A-Dec 04	
						PRR	P1.6.3.f Updated PRR to assure pre-placement FSTs.	P-Feb 05 A-Mar 05
				P1.6.4 Identify resource family types and shortages  Cindy Wilkinson	Circuit data	P1.6.4.a Resource and recruitment contractors worked with circuits to determine resource family needs.	P-Mar 05 A-Apr 05	
					Circuit management plan	P1.6.4.b Recruitment plan targeting resource families written into a circuit management plan to address identified need.	P-May 05 A-Jul 05	
					Contract extension	P1.6.4c Extended current Foster Care/Adoption Resource Services contract	P-Nov 05 A-Nov 05	
					Circuit progress reports	P1.6.4d Circuit reported quarterly progress on recruitment activities	P-Feb 06 A-Feb 06	
					NRC Technical Assistance plan	P1.6.4e Consulted with the National Resource Center for Family Centered Practice and Permanency Planning regarding recruitment of resource families.	P-Mar 06 A-Jan 06	
				P1.6.5 Increase number of resource families  Cindy Wilkinson	Recruitment and retention plan developed	P1.6.5.a Recruitment and retention plan for foster home serving older youth implemented through Chafee program.	P-Jun 04 A-Jun 04	
					Adopt US Kids campaign	P1.6.5.b Implemented Adopt US Kids campaign.	P-Jul 04 A-Jul 04	
					Request for Proposal	P1.6.5.c RFP written and released for performance based case management contracts (PBC).	P-Apr 05 A-Apr 05	

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							Benchmark	Goal
	A	N/A						
					Award letters	P1.6.5.d Awarded PBC contracts.	P-Jun 05 A-Jun 05	
						P1.6.5.e PBC Case Management Services began	P-Sep 05 A-Sep 05	
					Contract extension	P1.6.5.f Extended current Foster Care/Adoption Resource Services contract.	P-Nov 05 A-Nov 05	
					ACTS data report	P1.6.5.g Quarterly report on PBC contractors' performance on stated child outcome on safety, permanency, and stability.	P-Feb 06 quarterly A-Feb 06	
					NRC Technical Assistance plan	P1.6.5.h Consulted with the National Resource Center for Family Centered Practice and Permanency Planning regarding recruitment of resource families.	P-Mar 06 A-Jan 06	
					Annual report	P1.6.5.i Annual report to General Assembly regarding PBC regarding case management, recruitment and training outcomes.	P-Jul 06 annually A-Jul 06	
			P1.6.6 Review data and develop strategies to improve placement stability.  Cindy Wilkinson		P1.6.6.a Consulted with the National Resource Center for Family Centered Practice and Permanency Planning (NRC FCP-PP) regarding "critical" factors in placement stability.	P-Mar 06  A-Jan 06		
				Survey results	P1.6.6.b Surveyed resource families to gather information regarding placement stability.	P-May 06 A-May 06		
					P1.6.6.c Convened stability workgroup to meet with NRC FCP-PP to identify issues impacting stability.	P-Aug 06 A-Aug 06		
					P1.6.6.d Stability workgroup identified and began to develop work plan areas to improve.	P-Aug 06 A-Aug 06		

Program Improvement Implementation								
1			2	3	4	5	6	7
Outcome or Systemic Factors and Item(s) Contributing to Non-Conformity			Goal/Negotiated Measure/Percent of Improvement	Action Steps	Method of Measurement	Benchmarks Toward Achieving Goal	Dates of Achievement	
							Benchmark	Goal
	A	N/A						
						P1.6.6.e Central Office staff analyzed Outcomes Reporting data to determine circuits needing additional supports to improve stability for children.	P-Nov 06 A-Nov 06	
						P1.6.6.f. Consulted with Regional Directors and QA Staff to finalize targeted circuits and conference calls scheduled with circuits identified as needing additional supports.	P- Dec 06 A-Dec 06	
						P.1.6.6.g. Scheduled targeted case reviews with circuits needing additional supports for purpose of developing circuit specific action plan.	P-Jan 07 A-Jan 07	
						P1.6.6.h. Circuits provided monthly report to Central Office on strategies to improve placement instability, including convening a FST prior to move and support services to resource families.	P-Jan 07 Ongoing A-Jan 07	
				P1.6.7 Evaluate support and training provided for relative/kinship resource families  Cindy Wilkinson Jeff Adams	Survey	P1.6.7.a Surveyed current relative caregivers on the adequacy of the Caregiver who Knows the Child training curriculum.	P-Dec 05 A-Feb 06	
					Analysis report	P1.6.7.b Data Collected and analyzed.	P-Feb 06 A-Apr 06	
					Curriculum revision	P1.6.7.c Based on curriculum modifications, training to began to be delivered to newly licensed relative/kinship providers.	P-Sep 06 R-Jan 07 A-Jan 07	
Item 7: Permanency goal for child		X	Renegotiated Baseline = 81.3%  8th quarter PRR results = <b>87.8%</b>  Renegotiated goal 82.9%		PRR V-12 The permanency plan was developed and it includes options for concurrent planning.			P-Dec 2006  A-May 2006

Program Improvement Implementation								
1			2	3	4	5	6	7
Outcome or Systemic Factors and Item(s) Contributing to Non-Conformity			Goal/Negotiated Measure/Percent of Improvement	Action Steps	Method of Measurement	Benchmarks Toward Achieving Goal	Dates of Achievement	
							Benchmark	Goal
	A	N/A						
			(Goal established is calculated by taking the 4 <sup>th</sup> quarter performance and adding 2% increase for improvement.)					
				P1.7.1 Ensure the frequency and timeliness of Family Support Team Meetings occurs per policy Kathryn Sapp Cindy Wilkinson	Circuit Self Assessment	P1.7.1.a Circuit Managers analyzed FST frequency data through circuit self assessment.	P-Aug 04 A-Aug 04	
					Corrective action plans	P1.7.1.b Initiated corrective action when data falls below goal set in strategic plan.	P-Feb 05 A-Apr 05	
					Quarterly data reports	P1.7.1.c Circuit Managers assisted by PET monitored frequency data	P & A-Ongoing quarterly	
				P1.7.2 Improve quality of Family Support Teams (FSTs) to ensure permanency goal is reviewed and established  Kathryn Sapp Cindy Wilkinson		P1.7.2.a Made ACTS systems changes to track permanency reviews separately from FSTs.	P-Aug 04 A-Aug 04	
					Policy developed	P1.7.2.b Policy written on ACTS systems changes and elements necessary for permanency reviews.	P-Sep 04 A-Aug 04	
					Policy disseminated	P1.7.2.c Policy disseminated to all staff.	P-Sep 04 A-Aug 04	
					Training agenda	P1.7.2.d Incorporated ACTS system changes and policy into BASIC and computer systems training.	P-Jan 05 A-Oct 04	
					List of facilitators	P1.7.2.e Identified individuals who will serve as expert facilitators for more difficult FSTs.	P-Mar 05 A-Jul 05	
					Protocol developed	P1.7.2.f Protocol developed for accessing expert facilitators.	P-Apr 05 A-May 05	
					Training agenda	P1.7.2.g Trained expert facilitators.	P-Apr 05 R-Jan 06 A-Jan 06	
					Memo disseminated	P1.7.2.h Memo describing expert facilitator access protocol and expert facilitator duties distributed to all staff.	P-Apr 05 R-Jan 06 A-Jan 06	

Program Improvement Implementation								
1			2	3	4	5	6	7
Outcome or Systemic Factors and Item(s) Contributing to Non-Conformity			Goal/Negotiated Measure/Percent of Improvement	Action Steps	Method of Measurement	Benchmarks Toward Achieving Goal	Dates of Achievement	
							Benchmark	Goal
	A	N/A						
				P1.7.3 Strengthen policy and practice relating to concurrent planning.  Cindy Wilkinson		P1.7.3.a Circuit Managers monitored outcomes through PRR tool.	P-Mar 05 A-Mar 05	
					Improvement plans	P1.7.3.b Circuit Managers assisted by the PET to develop improvement plans.	P-May 05 A- Jul 05	
					Training curriculum and revised child welfare manual	P1.7.3.c Integrated concurrent planning into Advanced FCOOHC In-Service Module training and child welfare manual.	P-May 06 A-May 06	
				P1.7.4 Increase collaboration with courts by providing cross training to judiciary, court staff, GALs and Children's Division staff on ASFA & Permanency hearings consistent with state and federal regulations.  Cindy Wilkinson	Training curriculum	P1.7.4.a CD partnered with OSCA to develop training curriculum.	P-Jan 04 A-Jan 04	
						P1.7.4.b Developed draft plan to address logistics of proposed training.	P-Jan 04 A-Jan 04	
						P1.7.4.c Submitted draft to management of CD/OSCA.	P-Feb 04 A-Feb 04	
					Contract developed	P1.7.4.d Developed a contract to provide cross training to judiciary, court staff, GAL's and CD staff.	P-Mar 04 A-Mar 04	
						P1.7.4.e Management approved draft.	P-Apr 04 A-Apr 04	
					Training agenda and curriculum	P1.7.4.f Training implemented by CD/OSCA to include concurrent planning training.	P-Jun 04 A- Sept 04 ongoing twice per year	
<b>Item 8:</b> Reunification, guardianship, or permanent placement with relatives.		<b>X</b>	Reunification Nat'l Standard 76.2% or more  MO FFY 2003 AFCARS Baseline 59.8%  AFCARS Goal 62.2% (Based on Federal formula for goal setting).					P-Dec 2006  A-May 2006

Program Improvement Implementation								
1			2	3	4	5	6	7
Outcome or Systemic Factors and Item(s) Contributing to Non-Conformity			Goal/Negotiated Measure/Percent of Improvement	Action Steps	Method of Measurement	Benchmarks Toward Achieving Goal	Dates of Achievement	
							Benchmark	Goal
	A	N/A						
			8th quarter performance based on quarterly outcomes report = 70.1% not AFCARS.  <b>Goal Achieved</b>					
				P1.8.1 Address permanency and services needs of children in Legal Status 2, 3, and 4  Bonnie Washeck	Data reports	P1.8.1.a Prepared data on legal status 2, 3, and 4 children.	P-Dec 04 A-Feb 05	
					Workgroup member list	P1.8.1.b Developed workgroup to examine legal status 2, 3, and 4 children (include in workgroup OSCA, CD, and metro sites).	P-Feb 05 A-Apr 05	
					Case review results report	P1.8.1.c Conducted special case reviews on legal status 2, 3, and 4 cases.	P-Apr 05 A-May 05	
					Summary of meeting decisions	P1.8.1.d CD met with DLS and OSCA to determine legal obligations related to legal status 2, 3, and 4 children.	P-Apr 05 A-Aug 05	
						P1.8.1.e Revise AFCARS population if necessary.	P-Apr 05 A-Jul 05	
					Protocol developed	P1.8.1.f Developed policy and protocol on worker duties related to legal status 2, 3, and 4 cases.	P-July 05 R-May 06 A-May 06	
					Comparison data	P1.8.1.g Caseload analysis (comparison to LS1) completed Legal status 2, 3, and 4.	P-Sept 05 A-Oct 05	
					PRR	P1.8.1.h Incorporated Legal status 2, 3, and 4 cases into established Peer Record Review process.	P-Oct 05 A-Oct 05	
				P1.8.2 Establish procedures to access various service funding streams.  Bonnie Washeck		P1.8.2.a See S2.3.4.a.		
						P1.8.2.b See S2.3.4.b.		
				P1.8.3 Ensure		P1.8.3.a See P1.7.1.a		

Program Improvement Implementation								
1			2	3	4	5	6	7
Outcome or Systemic Factors and Item(s) Contributing to Non-Conformity			Goal/Negotiated Measure/Percent of Improvement	Action Steps	Method of Measurement	Benchmarks Toward Achieving Goal	Dates of Achievement	
							Benchmark	Goal
	A	N/A						
				frequency and timeliness of Family Support Team Meetings occurs per policy. Kathryn Sapp Cindy Wilkinson		P1.8.3.b See P1.7.1.b P1.8.3.c See P1.7.1.c		
				P1.8.4 Improve quality of Family Support Teams to assure the review of permanency goal.  Kathryn Sapp Cindy Wilkinson		P1.8.4.a See P1.7.2.a P1.8.4.b See P1.7.2.b P1.8.4.c See P1.7.2.c P1.8.4.d See P1.7.2.d P1.8.4.e See P1.7.2.e P1.8.4.f See P1.7.2.f P1.8.4.g See P1.7.2.g P1.8.4.h See P1.7.2.h		
				P1.8.5 Increase collaboration with courts by providing cross training to new judiciary, court staff, Children's Division staff and GAL's on ASFA & Permanency hearings consistent with state and federal regulations  Cindy Wilkinson		P1.8.5.a See P1.7.4.a P1.8.5.b See P1.7.4.b P1.8.5.c See P1.7.4.c P1.8.5.d See P1.7.4.d P1.8.5.e See P1.7.4.e P1.8.5.f See P1.7.4.f		
				P1.8.6 Increase collaboration with courts by providing cross training to judiciary, court staff, GAL's and Children's Division staff regarding roles and responsibilities.  Cindy Wilkinson	Contract developed	P1.8.6.a Contract developed to provide training.	P-Apr 04 A-Apr 04	
					Meeting minutes	P1.8.6.b Meeting held to discuss roles and responsibilities of CD and Juvenile Officers.	P-Dec 04  A-Oct 04	
					Training agenda	P1.8.6.c Training provided to judiciary, court staff, GAL's and CD staff	P-May 05  A-May 05	



Program Improvement Implementation								
1			2	3	4	5	6	7
Outcome or Systemic Factors and Item(s) Contributing to Non-Conformity			Goal/Negotiated Measure/Percent of Improvement	Action Steps	Method of Measurement	Benchmarks Toward Achieving Goal	Dates of Achievement	
							Benchmark	Goal
	A	N/A						
				P1.8.7 Collaborate with OSCA to explore barriers that would allow Juvenile Courts to enter temporary custody orders and transfer jurisdiction to Probate & Circuit Courts to expedite guardianship. Jim Harrison	Meeting Minutes	P1.8.7.a Meeting held (with OSCA, CD, and DLS) to look at existing data and practices to identify problem areas and barrier to expeditious guardianship, including legislative and policy change.	P-Mar 05 A-Oct 04	
					Proposal drafted	P1.8.7.b Proposal drafted for legislative change.	P-Mar 05 A-Oct 04	
						P1.8.7.c Written proposal reviewed by OSCA, CD and DLS.	P-Mar 05 A-Sept 04	
						P1.8.7.d Proposal finalized and presented to Department for legislative change.	P-Mar 05 A-Jan 05	
				P1.8.8 Determined policy remedy to be used in addition or in lieu of any legislative change referred in P1.8.7.  Jim Harrison Lesley Pettit		P1.8.8a Each circuit determined strategies with their court to expedite guardianship for children placed with relatives in CD custody.	P-Oct 05 A-Oct 05	
						P1.8.8.b See P1.6.1a		
						P1.8.8.c See P1.6.1b		
						P1.8.8.d See P1.6.1c		
						P1.8.8.e See P1.6.1d		
						P1.8.8.f See P1.6.1e		
Item 9: Adoption	X		Adoption Nat'l Standard 32% or more  MO FFY 2003 AFCARS Baseline 38.5%  <b>Goal achieved</b>					P- Dec 2006  A-May 2006
				P1.9.1 Termination of Parental Rights will be filed in a timely manner, except when compelling reasons are documented.	Data report	P1.9.1.a.Examine TPR data from current information system.	P-Feb 05 A-Feb 05	
					Circuit reports on outcomes of meetings with courts.	P1.9.1.b Initiated local circuit meetings with Judicial Courts to address local procedures for filing of TPR petitions.	P-Jun 05 A-Jul 05	

Program Improvement Implementation								
1			2	3	4	5	6	7
Outcome or Systemic Factors and Item(s) Contributing to Non-Conformity			Goal/Negotiated Measure/Percent of Improvement	Action Steps	Method of Measurement	Benchmarks Toward Achieving Goal	Dates of Achievement	
							Benchmark	Goal
	A	N/A						
				Cindy Wilkinson Kathryn Sapp	Policy developed	P1.9.1.c Developed policy for supervisor and staff responsibilities in documenting compelling reasons for not filing TPR.	P-Jun 05 A-Jul 05	
					Policy disseminated	P1.9.1.d Policy disseminated to staff and supervisory oversight	P-Aug 05 R-Mar 06 A-May06	
						P1.9.1.e Incorporated into BASIC training.	P-Jun 05 R-Mar 06 A-Mar 06	
					PRR monitoring	P1.9.1.f Quarterly monitoring by PRR.	P & A ongoing quarterly	
						P1.9.1.g Incorporated into Advanced FCOOHC In-service module training.	P-May 06 A-May 06	
				P1.9.2 Increase number of resource families.  Cindy Wilkinson	Performance based contracts and outcome reports	P1.9.2.a See P1.6.5.a		
						P1.9.2.b See P1.6.5.b		
						P1.9.2.c See P1.6.5.c		
						P1.9.2.d See P1.6.5.d		
						P1.9.2.e See P1.6.5.e		
				P1.9.3 Increase capacity to conduct home studies and finalize adoptions.  Cindy Wilkinson	Request for Proposal	P1.9.3.a RFP written for performance based case management contracts	P-Sep 04 A-Sep 04	
					Workload staffing analysis	P1.9.3.b Conducted a workload staffing analysis to determine staffing need for completing home studies and finalized adoptions.	P-Mar 05 A-Mar 05	
					Award letters	P1.9.3.c Awarded performance based case management contracts	P-Mar 05 A-Jun 05	
					Staffing report	P1.9.3.d Committed additional staff (private or public) as needed per available resources.	P-Jul 05 A-Aug 05	
				P1.9.4 Improve access to legal representation for CD staff  Jim Harrison		P1.9.4.a DLS identified plan to fill vacant FTE's or contract for attorneys.	P-Jul 04 A-Jul 04	
						P1.9.4.b Additional attorneys hired and placed.	P-Sep 04 A-Sep 04	

Program Improvement Implementation								
1			2	3	4	5	6	7
Outcome or Systemic Factors and Item(s) Contributing to Non-Conformity			Goal/Negotiated Measure/Percent of Improvement	Action Steps	Method of Measurement	Benchmarks Toward Achieving Goal	Dates of Achievement	
							Benchmark	Goal
	A	N/A						
					Establish workgroup	P1.9.4.c CD/DLS established a work group to develop a protocol for CD staff to access DLS attorneys or contractors.	P-Mar 05 A-Apr 05	
					Develop draft protocol	P1.9.4.d Draft Protocol developed.	P-Apr 05 A-Apr 05	
						P1.9.4.e CD legal representation at court hearings monitored by CD/DLS joint committee for improvement.	<b>P-July 05</b> <b>Ongoing</b> <b>A-Jul 05</b>	
					Draft joint memo	P1.9.4.f Draft joint memo with DLS to assist CD staff in developing a clearer understanding on how to access legal services.	P- Jul 05 A-Jul 05	
					Memo disseminated	P1.9.4.g Memo and Protocol disseminated to staff and adopted.	P-Oct 05 A-Sep 05	
Item 10: Other planned living arrangement		X	Baseline = 63.3%  Goal = 66.4%  <b>The goal has been achieved.</b>		PRR V-21 Youth 16 or over, are participating in or have completed ILP classes			P-Jan 2007  A-Jan 2007
				P1.10.1 Increase number and quality of resource families for older youth  Cindy Wilkinson		P1.10.1.a See P1.6.5.a		
						P1.10.1.b See P1.6.5.b		
						P1.10.1.c See P1.6.5.c		
						P1.10.1.d See P1.6.5.d		
						P1.10.1.e See P1.6.5.e		
					Discuss recruitment activities	P1.10.1.f Met with IL Specialists to discuss strategies on recruitment activities for locating homes for older youth.	P-Mar 05 A-Mar 05	
					Recruitment activities report	P1.10.1.g Met with IL Specialists to report on community recruitment activities.	P-Jun 05 A-Jun 05	
						P1.10.1.h Incorporated Ready, Set, Fly curriculum and Chafee video into foster parent training.	P-Sep 05 A-Sep 04	
				P1.10.2 Increase awareness of Chafee program services to	Distribute ETV material	P.1.10.2.a Increased awareness of Education and Training Voucher Program through distributing	P-Jan 04	

Program Improvement Implementation								
1			2	3	4	5	6	7
Outcome or Systemic Factors and Item(s) Contributing to Non-Conformity			Goal/Negotiated Measure/Percent of Improvement	Action Steps	Method of Measurement	Benchmarks Toward Achieving Goal	Dates of Achievement	
							Benchmark	Goal
	A	N/A						
				staff and community members		information material to secondary and higher education programs	A-Jan 04	
				Cindy Wilkinson	Youth conference	P1.10.2.b State Youth Advisory Board (SYAB) designed and hosted annual youth empowerment conference	P-July 04 Annually A-July 04 Annually	
					Provide information meetings	P1.10.2.c ILP staff provided Chafee informational meetings, seminars, workshops to CD staff, foster parents, juvenile court, and youth serving agencies.	P- Mar 04 Ongoing  A-Mar 04 Ongoing	
					Write and disseminated memo	P1.10.2.d CD memo written and disseminated to staff involving ILP staff in the case planning process for older youth and referring age appropriate youth for Chafee services.	P-May 05  A-Sep 05	
					Distributed ETV poster	P1.10.2.e Designed and distributed ETV poster to schools and youth serving agencies	P-May 05  A-Aug 05	
				P1.10.3 Increase program accessibility to provide life skills training services for older youth	Implement Pre-ILP Training curriculum	P1.10.3.a Designed and Implemented Pre-ILP Life Skills training curriculum for youth 14-15.	P-June 04  A- June 04	
				Cindy Wilkinson	Youth conference	P1.10.3.b State Youth Advisory Board (SYAB) designed and hosted annual youth empowerment conference	P-July 04 annually A-July 04 Annually	
					Consult with SYAB	P1.10.3.c Consulted with SYAB members on needs of older youth.	P-Dec 04 Ongoing A- Dec 04 Ongoing	
					Convene workgroup and address recommendations	P1.10.3.d Convened workgroup to address recommendations from Chafee stakeholder and transitional living meetings on designating positions and training plan for adolescent workers	P-Feb 05  A-Feb 05	
					Provide training to selected staff in designed areas	P1.10.3.e Training provided in designate areas to selected staff interested in adolescent worker	P-Feb 05  A-Feb 05	

Program Improvement Implementation								
1			2	3	4	5	6	7
Outcome or Systemic Factors and Item(s) Contributing to Non-Conformity			Goal/Negotiated Measure/Percent of Improvement	Action Steps	Method of Measurement	Benchmarks Toward Achieving Goal	Dates of Achievement	
							Benchmark	Goal
	A	N/A						
						positions		
					CD memo	P1.10.3.f CD memo written and disseminated to staff involving ILP staff in the case planning process for older youth and referring age appropriate youth for Chafee services	P-May 05 A-Sep 05	
				P1.10.4 Increase older youth involvement in service planning and delivery		P1.10.4.a Convened older youth workgroup to evaluate current Chafee services provided to youth ages 14 and older.	P-Nov 05 A-Nov 05	
					Recommendation report	P1.10.4.b Recommendations for change provided by older youth workgroup.	P-Feb 06 A-Feb 06	
					Draft memo and protocol	P1.10.4.c Developed draft policy and protocol to improve youth involvement, service planning and delivery for older youth.	P-Sep 06 A-Sep 06	
						P1.10.4.d Introduced Adolescent FST Guide and Individualized Action Plan protocol at Missouri Juvenile Justice Association conference.	P-Oct 06 A-Oct 06	
					Training outline	P1.10.4.e Began training of policy and Adolescent FST Guide and Individualized Action Plan protocol in selected sites in the 15 <sup>th</sup> , 22 <sup>nd</sup> and 25 <sup>th</sup> circuits.	P-Nov 06 A-Nov 06	
						P1.10.4.f Began conducting field tests of policy and protocol.	P-Dec 06 A-Dec 06	
					Survey results	P1.10.4.g Conducted mid-point evaluation of test project through staff surveys.	P-Jan 07 A-Jan 07	
<b>Permanency Outcome P2:</b>								
<b>Item 11:</b> Proximity of foster care placement	X							

Program Improvement Implementation								
1			2	3	4	5	6	7
Outcome or Systemic Factors and Item(s) Contributing to Non-Conformity			Goal/Negotiated Measure/Percent of Improvement	Action Steps	Method of Measurement	Benchmarks Toward Achieving Goal	Dates of Achievement	
							Benchmark	Goal
	A	N/A						
Item 12: Placement with siblings		X	Renegotiated Baseline = 79.1%  8th quarter PRR results = 83.9 %  Renegotiated goal = 80.7% (Goal established is calculated by taking the 4 <sup>th</sup> quarter performance and adding 2% increase for improvement.)		Monitored through Peer Record Review Question V-4: Siblings are placed together or there is ongoing visitation			P-Dec 2006  A-May 2006
				P2.12.1 Increase the number of siblings placed together  Kathryn Sapp	Policy developed	P2.12.1.a Policy developed for FST to be required prior to separating siblings at any time during placement episode.	P-Aug 04  A-Aug 04	
					Policy enhancement	P2.12.1.b Enhanced policy addressing the continual need for maintaining sibling relationship.	P-Aug 04  A-Aug 04	
					PRR results & Improvement plans	P2.12.1.c Circuit Managers monitored quarterly PRR results and improvement plans developed.	P-Feb 05 Ongoing Quarterly A-Ongoing	
					Recommendations from workgroup	P2.12.1.d Visitation Workgroup presented recommendations on preserving sibling ties.	P-Nov 05  A-Nov 05	
					Draft policy	P2.12.1.e Developed policy requiring a FST prior to separating siblings.	P-Apr 06 A-Apr 06	
					Policy disseminated	P2.12.1.f Policy disseminated to staff on FST	P-May 06 A-May 06	
					Supervisory sibling case review	P2.12.1.g Developed supervisory sibling case review process to review cases after siblings are separated after 30 days.	P-May 06  A-May 06	

Program Improvement Implementation								
1			2	3	4	5	6	7
Outcome or Systemic Factors and Item(s) Contributing to Non-Conformity			Goal/Negotiated Measure/Percent of Improvement	Action Steps	Method of Measurement	Benchmarks Toward Achieving Goal	Dates of Achievement	
							Benchmark	Goal
	A	N/A						
				P2.12.2 Develop an ongoing training module regarding sibling placements for staff, foster parents, and juvenile court staff.		P2.12.2.a Emphasis on the importance of sibling bonds, long term effects of separation, and importance of visitation, parentified child and sibling rivalries incorporated into foster parent training.	P-Nov 05	
				Jeff Adams		P2.12.2.b See P1.7.4.a	A-Dec 05	
						P2.12.2.c See P1.7.4.b		
						P2.12.2.d See P1.7.4.c		
						P2.12.2.e See P1.7.4.d		
						P2.12.2.f See P1.7.4.e		
						P2.12.2.g See P1.7.4.f		
					Training module	P2.12.2.h Emphasis on the importance of sibling bonds, long term effects of separation, and importance of visitation, parentified child and sibling rivalries incorporated into BASIC and advanced FCOOHC In-Service training module.	P-May 06	
				P2.12.3 Increase capacity for resource families that accept sibling groups.		P2.12.3.a See P1.6.5.a		
				Cindy Wilkinson		P2.12.3.b See P1.6.5.b		
						P2.12.3.c See P1.6.5.c		
						P2.12.3.d See P1.6.5.d		
						P2.12.3.e See P1.6.5.e		
Item 13: Visiting with parents and siblings in foster care.		X	Renegotiated Baseline = 85.1 %  8th quarter PRR results = <b>82.6%</b>  Renegotiated goal = 86.8% (Goal established is calculated by taking the 4 <sup>th</sup> quarter		Parents' visits monitored through PRR Question V-13. There is a current visitation plan in place to facilitate reunification.			P-Dec 2006  A-Oct 2006

Program Improvement Implementation								
1			2	3	4	5	6	7
Outcome or Systemic Factors and Item(s) Contributing to Non-Conformity			Goal/Negotiated Measure/Percent of Improvement	Action Steps	Method of Measurement	Benchmarks Toward Achieving Goal	Dates of Achievement	
							Benchmark	Goal
	A	N/A						
			performance and adding 2% increase for improvement.)  Renegotiated Baseline = 79.1%  Renegotiated goal = 80.7%  (Goal established is calculated by taking the 4 <sup>th</sup> quarter performance and adding 2% increase for improvement.)		Siblings visits monitored through Peer Record Review question V-4: Siblings are placed together or there is ongoing visitation			
				P2.13.1 Increase frequency and quality of parent/child and sibling visits.  Cindy Wilkinson	Recommendations from workgroup	P2.13.1.a Visitation Workgroup presented recommendations on preserving sibling ties.	P-Nov 05 A-Nov 05	
					Policy revision	P2.13.1.b Revised policy to improve qualitative and quantitative visitation plan requirements.	P-Apr 06 A-Apr 06	
						P2.13.1.c Incorporated policy revision into BASIC training and supervisory oversight provided to existing staff.	P-Jul 06 A-Jun 06	
					PRR	P2.13.1.d Incorporated revisions into PRR tool.	R-Jul 06 A-Jun 06	
					Quarterly data reports	P2.13.1.e Circuit Managers monitor data regarding frequency of parent/child/sibling visits.	P-Oct 06 A-Oct 06	
					Practice improvement plans developed	P2.13.1.f Circuit Managers assisted by the PET teams developed practice improvement plans using all available data for guidance.	P-Oct 06 A-Oct 06	
Item 14: Preserving connections		X	Baseline 25.9%  Goal 27.2%  <b>Goal Achieved</b>		Relative Placement CD-Outcomes #17. Increase the number of			P-Dec 2006  A-April 2006



Program Improvement Implementation								
1			2	3	4	5	6	7
Outcome or Systemic Factors and Item(s) Contributing to Non-Conformity			Goal/Negotiated Measure/Percent of Improvement	Action Steps	Method of Measurement	Benchmarks Toward Achieving Goal	Dates of Achievement	
							Benchmark	Goal
	A	N/A						
			Renegotiated baseline – 82.8%  8th quarter results for PRR = <b>84.3 %</b>  Renegotiated goal = 84.5%  (Goal established is calculated by taking the 4 <sup>th</sup> quarter performance and adding 2% increase for improvement.)		children placed with relative providers (LS 1-4) Previous data only captured LS 1 children.  PRR V-1 Consideration was given to relatives of kin for placement.			
				P2.14.1 Increase emphasis on preserving familial and community connections for children in out of home care.  Kathryn Sapp	Evaluation report	P2.14.1.a Evaluated Family-to-Family program regarding applicability for statewide implementation.  P2.14.1.b Submitted evaluation recommendations to administration.  P2.14.1.c Based on results of Family to Family evaluation and review of other state's best practices determined statewide applicability.	P-May 05  A-Jan 06  P-July 05 A-Jan 06  P-Aug 05 A-Jan 06	
				State plan developed		P2.14.1.d Develop state plan to address preserving connections.	P-Oct 05 A-Apr 06	
			P2.14.2 Improve diligent search for relatives/missing parents  Bonnie Washeck		P2.14.2.a See P1.6.2.a P2.14.2.b See P1.6.2.b P2.14.2.c See P1.6.2.c P2.14.2.d See P1.6.2.d			
			P2.14.3 Revise ICWA policy Cindy Wilkinson Kathryn Sapp	Policy revision		P2.14.3.a Revised ICWA policy to reflect best practice standards.	P-Aug 04 A-Aug 04	
				CPS-1 CD-14		P2.14.3.b ICWA questions incorporated into intake (CPS-1) and family assessment (CD-14) tools.	P-May 05  A-Apr 05	

Program Improvement Implementation								
1			2	3	4	5	6	7
Outcome or Systemic Factors and Item(s) Contributing to Non-Conformity			Goal/Negotiated Measure/Percent of Improvement	Action Steps	Method of Measurement	Benchmarks Toward Achieving Goal	Dates of Achievement	
							Benchmark	Goal
	A	N/A						
					Policy disseminated	P2.14.3.c Newly revised intake & assessment disseminated to all CD staff.	P-Aug 05 A-Dec 05	
					PRR	P2.14.3.d Add ICWA question to Peer Record Review tool.	P-Sept 05 A-Mar 05	
					PRR quarterly data reports	P2.14.3.e Establish a baseline for ICWA for Peer Record.	P-Sept 05 A-Jun 05	
Item 15: Relative placement		X	<p>Baseline 25.9%</p> <p>Goal 27.2% (Goal established is calculated by taking the average of 8 quarters performance in 2003 and 2004 and adding 5% of the average to measure improvement).</p> <p><b>Goal achieved</b></p> <p>Renegotiated Baseline = 82.8%  8th quarter PRR results = <b>84.3%</b></p> <p>Renegotiated goal = 84.5% (Goal established is calculated by taking the 4<sup>th</sup> quarter performance and adding 2% increase for improvement).</p>		<p>Relative Placement monitored through the number of children placed with relative provider in legal status 1-4</p> <p>Monitored through Peer Record Review question V-1: Consideration was given to relatives or kin for placement.</p>			<p>P-Dec 2006</p> <p>A-Dec 2006</p>
				P2.15.1 Increase system capacity to accurately track placement kinship		P2.15.1.a See P1.6.1.a		
						P2.15.1.b See P1.6.1.b		
						P2.15.1.c See P1.6.1.c		
						P2.15.1.d See P1.6.1.d		

Program Improvement Implementation								
1			2	3	4	5	6	7
Outcome or Systemic Factors and Item(s) Contributing to Non-Conformity			Goal/Negotiated Measure/Percent of Improvement	Action Steps	Method of Measurement	Benchmarks Toward Achieving Goal	Dates of Achievement	
							Benchmark	Goal
	A	N/A						
				vendor types.  Lesley Pettit		P2.15.1.e See P1.6.1.e		
				P2.15.2 Improve diligent search for relatives/missing parents.  Cindy Wilkinson		P2.15.2.a See P1.6.2 a P2.15.2.b See P1.6.2.b P2.15.2.c See P1.6.2.c P2.15.2.d See P1.6.2.d		
				P2.15.3 Evaluate support and training provided for relative/kinship resource families  Cindy Wilkinson Jeff Adams		P2.15.3.a See P1.6.7.a P2.15.3.b See P1.6.7.b P2.15.3.c See P1.6.7.c		
Item 16: Relationship of child in care with parents		X	Renegotiated Baseline = 90.0%  8th quarter PRR results = <b>88.9%</b>  Renegotiated goal = 90.9%  (Goal established is calculated by taking the 4th quarter performance and adding 1% increase for improvement).		Parent Visits monitored through Peer Record Review question V-3:  The child is placed in close proximity to his/her family			P-Dec 2006  A-Apr 2006
				P2.16.1 Improve diligent search for non-custodial parent.  Bonnie Washeck		P2.16.1.a See P1.6.2.a P2.16.1.b See P1.6.2.b P2.16.1.c See P1.6.2.c P2.16.1.d See P1.6.2.d		
				P2.16.2 Improve	PRR Outcomes	P16.16.2.a See S2.3.2.a		

Program Improvement Implementation								
1			2	3	4	5	6	7
Outcome or Systemic Factors and Item(s) Contributing to Non-Conformity			Goal/Negotiated Measure/Percent of Improvement	Action Steps	Method of Measurement	Benchmarks Toward Achieving Goal	Dates of Achievement	
							Benchmark	Goal
	A	N/A						
				engagement of non-custodial parents in case planning by strengthening worker/supervisor skills in engaging families in the assessment, case planning and case plan review process. Increase parent, caregiver (alternative care provider) and child involvement in case assessment, plan development and reassessment.		P16.16.2.b See S2.3.2.b		
						P16.16.2.c See S2.3.2.c		
						P16.16.2.d See S2.3.2.d		
						P16.16.2.e See S2.3.2.e		
						P16.16.2.f See S2.3.2.f		
				Kathryn Sapp				
Well Being Outcome 1 Families have enhanced capacity to provide for children's needs								
Item 17: Needs and services of child, parents, foster parents		X	Renegotiated Baseline = 88.1%  8th quarter PRR results = <b>88.2%</b>  Renegotiated goal = 89.9%  (Goal established is calculated by taking the 4 <sup>th</sup> quarter performance and		PRR IV-13 Services being provided to the family are adequate to meet their needs as identified in the assessment. Previously PRR III-3 and III-10 were used.			P-Dec 2006  A-July 06

Program Improvement Implementation								
1			2	3	4	5	6	7
Outcome or Systemic Factors and Item(s) Contributing to Non-Conformity			Goal/Negotiated Measure/Percent of Improvement	Action Steps	Method of Measurement	Benchmarks Toward Achieving Goal	Dates of Achievement	
							Benchmark	Goal
	A	N/A						
			adding 2% increase for improvement.)					
				WB1.17.1 Improve family assessment and case plan tools to better link service provision to the needs of the bio family identified in the initial and ongoing assessments.  Kathryn Sapp		WB1.17.1.a See S2.3.1.a		
						WB1.17.1.b See S2.3.1.b		
						WB1.17.1.c See S2.3.1.c		
						WB1.17.1.d See S2.3.1.d		
						WB1.17.1.e See S2.3.1.e		
						WB1.17.1.f See S2.3.1.f		
						WB1.17.1.g See S2.3.1.g		
						WB1.17.1.h See S2.3.1.h		
				WB1.17.2 Strengthen workers skills in engaging families in the assessment, case planning and case plan review processes to increase parent, caregiver (alternative care provider) and child involvement in case assessment, plan development and reassessment.  Kathryn Sapp		WB1.17.2.a See S2.3.2.a		
						WB1.17.2.b See S2.3.2.b		
						WB1.17.2.c See S2.3.2.c		
						WB1.17.2.d See S2.3.2.d		
						WB1.17.2.e See S2.3.2.e		
						WB1.17.2.f See S2.3.2.f		
				WB1.17.3 Implementation of “Confirming Safe Environments” to reduce the risk for children in foster/kinship care to identify needs of child and providers.  Cindy Wilkinson		WB1.17.3.a See S1.2.2.a		
						WB1.17.3.b See S1.2.2.b		
						WB1.17.3.c See S1.2.2.c		
						WB1.17.3.d See S1.2.2.d		
						WB1.17.3.e See S1.2.2.e		
						WB1.17.3.f See S1.2.2.f		

Program Improvement Implementation								
1			2	3	4	5	6	7
Outcome or Systemic Factors and Item(s) Contributing to Non-Conformity			Goal/Negotiated Measure/Percent of Improvement	Action Steps	Method of Measurement	Benchmarks Toward Achieving Goal	Dates of Achievement	
							Benchmark	Goal
	A	N/A						
Item 18: Child and family involvement in case planning.		X	Renegotiated Baseline 73.8%  8th quarter PRR results = <b>71.1 %</b>  Renegotiated goal = 75.3%  (Goal established is calculated by taking the 4 <sup>th</sup> quarter performance and adding 2% increase for improvement).		Monitored through Peer Record Review question IV-8: The family participated in the development of and signed the service plan.			P-Dec 2006  A-Oct 2006
				WB1.18.1 Maximize parental/family participation in Family Support Team Meetings.  Bonnie Washeck		WB1.18.1.a See S2.3.2 a WB1.18.1.b See S2.3.2 b WB1.18.1.c See S2.3.2 c WB1.18.1.d See S2.3.2 d WB1.18.1.e See S2.3.2 e WB1.18.1.f See S2.3.2 f		
					Protocol established	WB1.18.1.g Established a protocol for accessing division staff outside of regular working hours.	P-Aug 05  A-Aug 05	
				WB1.18.2 Improve the quality of Family Support Team Meetings.  Kathryn Sapp Cindy Wilkinson		WB1.18.2.a See P1.7.2a WB1.18.2.b See P1.7.2b WB1.18.2.c See P1.7.2c WB1.18.2.d See P1.7.2d WB1.18.2.e See P1.7.2e WB1.18.2.f See P1.7.2f WB1.18.2.g See P1.7.2g WB1.18.2.h See P1.7.2h		
				WB1.18.3 Review and further develop a handbook, to be distributed at the point of removal, to educate parents on their rights		WB1.18.3.a Collected parent handbooks used by various circuits.	P-Aug 05 A-Aug 05	
					Workgroup list	WB1.18.3.b Convened a work group to evaluate parent handbooks.	P-Oct 05 A-Sep 05	
					Parent handbook	WB1.18.3.c Developed a universal parent handbook.	P-Jan 06 A-Jan 06	

Program Improvement Implementation								
1			2	3	4	5	6	7
Outcome or Systemic Factors and Item(s) Contributing to Non-Conformity			Goal/Negotiated Measure/Percent of Improvement	Action Steps	Method of Measurement	Benchmarks Toward Achieving Goal	Dates of Achievement	
							Benchmark	Goal
	A	N/A						
				and responsibilities, court procedures, etc.	Survey results	WB1.18.3.d Solicited consumer feedback on parent handbook	P-Apr 06 R-Jun 06 A-Jun 06	
				Cindy Wilkinson	Policy developed	WB1.18.3.e Developed policy on use of parent handbook.	P-Jul 06 A-Jul 06	
					Policy disseminated	WB1.18.3.f Policy distributed to all staff and supervisory oversight.	P-Sept 06 A-Sept 06	
					Training curriculum	WB1.18.3.g Policy Incorporated into BASIC training	P-Oct 06 A-Oct 06	
Item 19: Worker visits with child – improve quantity and quality		X	<b>The goal has been achieved for PRR V-16.</b>		Monitored through PRR question V-16: The worker visits the child twice every month.			
				WB1.19.1 Develop policy addressing the quality of visits to incorporate case planning, service delivery and goal attainment.	Team appointments	WB1.19.1a Appointed visitation policy and practice team.	P-Jan 05 A-Feb 05	
					Convene meeting	WB1.19.1.b Convened first policy and practice team meeting.	P-Feb 05 A-May 05	
					Workgroup recommendations	WB1.19.1c Visitation Workgroup presented recommendations on how visitation is critical in timely reunification to executive staff.	P-Nov 05 A-Nov 05	
				Bonnie Washeck	Recommendations reviewed	WB1.19.1.d Recommendation reviewed by executive staff.	P-Jan 06 A-Jan 06	
					Policy draft	WB1.19.1.e Policy drafted.	P-Apr 06 A-Apr 06	
					Policy disseminated	WB1.19.1.f Policy disseminated to staff	P- May 06 A-Jun 06	
						WB1.19.1.g Training began on policy enhancements staff and foster parents.	P-Jul 06 A-Jul 06	
						WB1.19.1.h Utilize Practice Enhancement Teams (PET) to support protocols.	P-Jul 06 A-Jul 06	
				WB1.19.2 Increase policy compliance for frequency of worker visits for intact and out-of-home cases.	Quarterly workload report	WB1.19.2.a Achieved progress in caseload equalization by developing quarterly circuit workload reports.	P-Aug 05 quarterly ongoing A-Aug 05	

Program Improvement Implementation								
1			2	3	4	5	6	7
Outcome or Systemic Factors and Item(s) Contributing to Non-Conformity			Goal/Negotiated Measure/Percent of Improvement	Action Steps	Method of Measurement	Benchmarks Toward Achieving Goal	Dates of Achievement	
							Benchmark	Goal
	A	N/A						
				Cindy Wilkinson Kathryn Sapp	PRR	WB1.19.2.b Circuit Managers monitored the frequency of worker visits through the PRR.	P-Aug 05 A-Aug 05	
					Practice Improvement plans	WB1.19.2.c Circuit Managers assisted by PET to develop practice improvement plans.	P-Sep 05 A-Sep 05	
				WB1.19.3 Tracking system to track worker visits (date/site).  Jim Harrison		WB1.19.3.a Reviewed the FCS section of the Family Satisfaction survey on monthly worker visits with the family.	P-Feb 06 A-Feb 06	
						WB1.19.3.b Reviewed the youth portion of the Family Satisfaction survey on bi-monthly worker visits with the out-of-home care child.	P-Feb 06 A-Feb 06	
						WB1.19.3.c PET teams annually analyzed family satisfaction survey data	P-Apr 06 A-Apr 06	
						WB1.19.3.d Worked with ITSD staff to include worker visit information (with child, parents, foster parents) and sibling visits in the Outcome Reports when converted to SACWIS.	P-May 06 A-May 06	
Item 20: Worker Visit with parent(s).		X	Renegotiated Baseline 84.4%  8 <sup>th</sup> quarter PRR results = <b>78.0%</b>  Renegotiated goal = 85.2%  (Goal established is calculated by taking the 4 <sup>th</sup> quarter performance and adding 1% increase for improvement).		Intact and Foster Care Cases monitored through Peer Record Review question IV-14: The worker visits family (caretakers) at least one time per month.			P-Dec 2006  A-Jul 2006



Program Improvement Implementation								
1			2	3	4	5	6	7
Outcome or Systemic Factors and Item(s) Contributing to Non-Conformity			Goal/Negotiated Measure/Percent of Improvement	Action Steps	Method of Measurement	Benchmarks Toward Achieving Goal	Dates of Achievement	
							Benchmark	Goal
	A	N/A						
				WB1.20.1 Strengthen worker relationships with biological or adoptive parents.  Bonnie Washeck	Protocols established	WB1.20.1.a Protocols established in WB1.19.1g included in all resource parent training	P-May 05 R-Jul 06 A-Jul 06	
					Revise PRR	WB1.20.1.b Revised PRR to reflect collateral contacts required per family risk assessment/reassessment	P-Jun 05 A-Jun 05	
						WB1.20.1.c See S2.3.2.a		
						WB1.20.1.d See S2.3.2.b		
						WB1.20.1.e See S.2.3.2.c		
						WB1.20.1.f See S.2.3.2.d		
						WB1.20.1.g See S.2.3.2.e		
						WB1.20.1.h See S2.3.2.f		
				WB1.20.2 – Refer to: WB1.19.1, WB1.19.2 and WB1.19.3  a. WB1.19.1 Develop policy addressing the quality of visits to incorporate case planning, service delivery and goal attainment.  b. WB1.19.2 Increase policy compliance for frequency of worker visits for intact and out-of-home cases.  c. WB1.19.3 Tracking system to track worker visits (date/site).		WB1.20.2.a See WB1.19.1.a-f		
						WB1.20.2.b See WB1.19.2 a-c		
						WB1.20.2.c See WB1.19.3 a-b		
Well Being Outcome 2 Children receive services to meet their educational needs								

Program Improvement Implementation								
1			2	3	4	5	6	7
Outcome or Systemic Factors and Item(s) Contributing to Non-Conformity			Goal/Negotiated Measure/Percent of Improvement	Action Steps	Method of Measurement	Benchmarks Toward Achieving Goal	Dates of Achievement	
							Benchmark	Goal
	A	N/A						
<b>Item 21:</b> Children receive appropriate services to meet their educational needs		X	Renegotiated Baseline 94.4%		PRR V-18 The child is at grade level and receiving appropriate educational services.			P-Dec 2006
			8th quarter PRR results = <b>94.8%</b>  Renegotiated goal = 95.3% (Goal established is calculated by taking the 4 <sup>th</sup> quarter performance and adding 1% increase for improvement.)					A-Feb 2006
				WB2.21.1 Improve working relationship among Children's Division, Department of Elementary and Secondary Education (DESE) and local school districts.  Kathryn Sapp	Protocol developed	WB.2.21.1.a Protocol developed regarding inclusion of educational personnel in FST's.	P-Mar 05	
					Education liaisons	WB2.21.1.b Designated an education liaison at the state level.	A-Apr 05 P-May 05 A-May 05	
					Circuit Self Assessment	WB2.21.1.c Local level barriers identified regarding working with schools and educational disruptions of children in foster care.	P-May 05 A-Jul 05	
					Written local plans	WB2.21.1.d Developed a plan to alleviate barriers and address educational disruptions of children in foster care as applicable.	P-May 05 A-Jul 05	
					Written State plan	WB2.21.1.e Children's Division Administration partnered with DESE to address identified barriers at State level.	P-Aug 05 A-Aug 05	
				WB2.21.2 Improve the flow of educational records and reports when children transfer schools.	Protocols developed	WB2.21.2.a Local protocols developed for alternative care children regarding permission of custodian to access records needed for enrollment.	P-Jun 05 A-Jun 05	

Program Improvement Implementation								
1			2	3	4	5	6	7
Outcome or Systemic Factors and Item(s) Contributing to Non-Conformity			Goal/Negotiated Measure/Percent of Improvement	Action Steps	Method of Measurement	Benchmarks Toward Achieving Goal	Dates of Achievement	
							Benchmark	Goal
	A	N/A						
				Kathryn Sapp Cindy Wilkinson	Residential Facility contracts	WB2.21.2.b. Incorporated accountability measures for transfer of educational records into Residential Facility contracts.	P-Jun 05 R-Jan 06 A-Feb 06	
				WB2.21.3 Decrease the incidence of educational neglect, truancy and suspension of children in care.  Cindy Wilkinson Kathryn Sapp		WB2.21.3.a Consult with National Resource Centers and other national education resources regarding early identification of educational neglect, truancy and suspension of children in care.	P-Apr 05  A-Apr 05	
					Revised CD-14 and CS-1	WB2.21.3.b Identification of risk factors for educational neglect, truancy or school suspension incorporated into the CD-14 and CS-1.	P-Jul 05  A-Jul 05	
					Distribute youth training video	WB2.21.4.c Distribute Youth Training Video for teacher in-service training.	P-Sep 05 A-Nov 05	
					Protocol developed	WB2.21.3.d Protocol developed for accessing early interventions for students at risk for educational neglect, truancy and suspension.	P-Oct 05  A-Nov 05	
					Protocol developed	WB2.21.3.e Protocol developed for children expelled due to the Safe School Act.	P-Oct 05  A-Nov 05	
					Protocol disseminated	WB2.21.3.f Protocols distributed to staff and shared with local school districts.	P-Nov 05  A-Feb 06	
						WB2.21.3.g Protocols incorporated into BASIC and foster parent training.	P-Dec 05 A-Feb 06	
				WB2.21.4 Decrease the incidence of educational neglect, truancy and suspension of children for intact families.  Kathryn Sapp		WB2.21.4.a Consulted with National Resource Center on Child Maltreatment and other national education resources regarding early identification of educational neglect, truancy and suspension of intact families.	P-Apr 05  A-Apr 05	

Program Improvement Implementation								
1			2	3	4	5	6	7
Outcome or Systemic Factors and Item(s) Contributing to Non-Conformity			Goal/Negotiated Measure/Percent of Improvement	Action Steps	Method of Measurement	Benchmarks Toward Achieving Goal	Dates of Achievement	
							Benchmark	Goal
	A	N/A						
					CD-14 revision	WB2.21.4.b Identification of risk factors for educational neglect, truancy or school suspension incorporated into the CD-14.	P-July 05 A-Jul 05	
					Distribute youth training video	WB2.21.4.c Distribute Youth Training Video for teacher in-service training.	P-Sep 05 A-Nov 05	
					Protocol developed	WB2.21.4.d Protocol developed for accessing early interventions for students at risk for educational neglect, truancy and suspension.	P-Oct 05 A-Nov 05	
					Protocol developed	WB2.21.4.e Protocol developed for children expelled due to the Safe School Act.	P-Oct 05 A-Nov 05	
					Protocols disseminated	WB2.21.4.f Protocols distributed.	P-Nov 05 A-Feb 06	
						WB2.21.4.g Protocols incorporated into BASIC training.	P-Dec 05 A-Feb 06	
Well-Being 3 (WB3): Children receive adequate services to meet their physical and mental health needs.								
Item 22: Physical health of the child		X	Renegotiated Baseline = 94.9%  8th quarter PRR results = <b>97.7%</b>  Renegotiated goal = 96.8% (Goal established is calculated by taking the 4 <sup>th</sup> quarter performance and		PRR V-17: The physical needs of the child are being met.			P-Dec 2006  A-Feb 2006

Program Improvement Implementation								
1			2	3	4	5	6	7
Outcome or Systemic Factors and Item(s) Contributing to Non-Conformity			Goal/Negotiated Measure/Percent of Improvement	Action Steps	Method of Measurement	Benchmarks Toward Achieving Goal	Dates of Achievement	
							Benchmark	Goal
	A	N/A						
			adding 2% for improvement.					
				WB3.22.1 Increase ability of Children's Division staff and families to access available dental resources.  Bonnie Washeck	Circuit Self Assessment	WB3.22.1.a Circuits identified available local dental resources.	P-Mar 05 A-Aug 05	
					Dental coordinator list	WB3.22.1.b Dental coordinator assigned to each region (local level) to identify barriers and facilitate access to dental providers.	P-May 05 A-Jul 05	
					Notification letter	WB3.22.1.c Notified dental providers of regional dental coordinators.	P-Aug 05 A-Aug 05	
					Written plan	WB3.22.1.d In partnership with Division of Medical Services (DMS) assessed and developed plan to reduce administrative burden on Medicaid providers.	P-Aug 05 A-Aug 05	
					Assessment report	WB3.22.1.e Completed assessment regarding Dental Van program expansion.	P-Aug 05 A-Nov 05	
				WB3.22.2 Increase capacity of staff to assess medical needs of children in intact families.  Bonnie Washeck	CD-14 revision	WB3.22.2.a Revised CD-14 to include assessment of medical needs of children in intact families.	P-July 05 A-Apr 05	
					Policy disseminated	WB3.22.2.b Issued revised form and policy.	P-Sep 05 R-Dec 05 A-Dec 05	
					Training curriculum	WB3.22.c Existing staff trained in Assessment and Service Planning using CD-14 as tool statewide.	P-Oct 05 R-Jan 06 A-Feb 06	
						WB3.22.2.d Integrated CD-14 into Advanced Family-Centered In-service training module.	P-Jan 06 A-Feb 06	
Item 23: Mental health needs of the child		X	Renegotiated Baseline = 94.6%  8 <sup>th</sup> quarter PRR results = 97.3%		PRR V-19: The mental health needs of the child are being met.			P-Dec 2006  A-Nov 2006

Program Improvement Implementation								
1			2	3	4	5	6	7
Outcome or Systemic Factors and Item(s) Contributing to Non-Conformity			Goal/Negotiated Measure/Percent of Improvement	Action Steps	Method of Measurement	Benchmarks Toward Achieving Goal	Dates of Achievement	
							Benchmark	Goal
	A	N/A						
			Renegotiated goal = 95.5% (Goal established is calculated by taking the 4 <sup>th</sup> quarter performance and adding 1% increase for improvement.					
				WB3.23.1 Increase the ability of Children's Division staff and families to access available mental health resources.  Jim Harrison	Circuit Self Assessment	WB3.23.1.a Available mental health resources identified through Circuit Self Assessment.	P-Aug 04 A-Aug 04	
					Mental Health Coordinator list	WB3.23.1.b Five Regional Mental Health Coordinators designated.	P-Jan 05 A-Jan 05	
						WB3.23.1.c See S2.3.5		
					Written plan	WB3.23.1.d Mental Health Coordinators convened teams to identify local barriers, develop a plan to alleviate barriers and create partnerships to improve service delivery.	P-May 05 A-May 05	
					Plan developed	WB3.23.1.e In partnership with Division of Medical Services (DMS) assessed and developed plan to reduce administrative burden on Medicaid providers.	P-Aug 05 A-Aug 05	
				WB.3.23.2 Increase awareness of staff and foster parents regarding attachment and mental health issues.  Cindy Wilkinson		WB3.23.2.a See P1.6.3.a		
						WB3.23.2.b Increased the number of staff and foster parents trained on Working with the Explosive Child (See Training Matrix).	P & A- Ongoing semi-annually	
						WB3.23.2.c Increased the number of staff and foster parents trained on Grief and Loss (See Training Matrix).	P-Sep 04 A-Sep 04 ongoing semi-annual	
					Curriculum developed	WB3.23.2.d Developed Reactive Attachment Disorder curriculum.	P-Mar 05 A-Mar 05	

Program Improvement Implementation								
1			2	3	4	5	6	7
Outcome or Systemic Factors and Item(s) Contributing to Non-Conformity			Goal/Negotiated Measure/Percent of Improvement	Action Steps	Method of Measurement	Benchmarks Toward Achieving Goal	Dates of Achievement	
							Benchmark	Goal
	A	N/A						
					Training agenda	WB3.23.2.e Incorporated attachment issues training into on-going training.	P-Sep 06 A-Sep 06	
				WB3.23.3 Increase capacity of staff to assess mental health needs of children in intact families.  Kathryn Sapp	CD-14 revision	WB3.23.3.a Incorporated assessment of mental health needs of children in intact families in CD-14 revision (See S2.3.1.b-h).	P-July 05 A-Apr 05	
					Practice improvement plans	WB3.23.3.b Circuit Managers evaluated SCRT results and developed practice improvement strategies as needed.(See S2.3.3 a-f)	P-Apr 06 ongoing quarterly R-Nov 06 A-Nov 06	
<b>Systemic Factors</b>								
Item 24: System can identify the status, demographic characteristics, location and goals of children in foster care.	X							
Item 25: Provides a process that ensures that each child has a written case plan to be developed jointly with the child's parent(s) that includes the required provisions.		X	Renegotiated Baseline = 73.8%  8 <sup>th</sup> quarter PRR results = <b>71.1%</b>  Renegotiated goal = 75.3% (Goal established is calculated by taking the 4 <sup>th</sup> quarter performance and adding 2% increase for improvement.		Monitored through Peer Record Review question IV-8. The family participated in the development and signed the service plan.  Previous measurement PRR IV-15			P-Dec 2006  A-Sep 2006
				25.1 Improve family assessment and case plan tools to better		25.1.a See S2.3.1.a		
						25.1.b See S2.3.1.b		
						25.1.c See S2.3.1.c		

Program Improvement Implementation								
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Outcome or Systemic Factors and Item(s) Contributing to Non-Conformity			Goal/Negotiated Measure/Percent of Improvement	Action Steps	Method of Measurement	Benchmarks Toward Achieving Goal	Dates of Achievement	
							Benchmark	Goal
	A	N/A						
				link service provision to the needs of the family identified in the initial and ongoing assessments.  Kathryn Sapp		25.1.d See S2.3.1.d 25.1.e See S2.3.1.e 25.1.f See S2.3.1.f 25.1.g See S2.3.1.g 25.1.h See S2.3.1.h		
				25.2 Strengthen worker/supervisor skills in engaging families in the assessment, case planning and case plan review process to increase parent, caregiver (alternative care provider) and child involvement in case assessment, plan development and reassessment. Kathryn Sapp		25.2.a See S2.3.2.a 25.2.b See S2.3.2.b 25.2.c See S2.3.2.c 25.2.d See S2.3.2.d 25.2.e See S2.3.2.e 25.2.f See S2.3.2.f		
				25.3 Improve supervisory capacity to monitor practice linking the assessment with the overall plan.  Bonnie Washeck		25.3.a See S2.3.3.a 25.3.b See S2.3.3.b 25.3.c See S2.3.3.c 25.3.d See S2.3.3.d 25.3.e See S2.3.3.e 25.3.f See S2.3.3.f 25.3.g See S2.3.3.g 25.3.h See S2.3.3.h		
				25.4 Maximize parental/family involvement in Family Support Team Meetings.  Bonnie Washeck		25.4.a See P1.6.2.a 25.4.b See P1.6.2.b 25.4.c See P1.6.2.c 25.4.d See P1.6.2.d 25.4.e See S2.3.2 a 25.4.f See S2.3.2 b 25.4.g See S2.3.2 c 25.4.h See S2.3.2 d		



Program Improvement Implementation								
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Outcome or Systemic Factors and Item(s) Contributing to Non-Conformity			Goal/Negotiated Measure/Percent of Improvement	Action Steps	Method of Measurement	Benchmarks Toward Achieving Goal	Dates of Achievement	
							Benchmark	Goal
	A	N/A						
						25.4.i See S2.3.2 e 25.4.j See S2.3.2 f		
				25.5 Improve staff facilitation skills for Family Support Team Meetings.	Training curriculum	25.5.a Began offering 25 supplemental FST trainings to selected staff throughout state.	P-Feb 05 A-Feb 05	
				Jeff Adams		25.5.b Enhanced/Improved FST skill application for BASIC.	P-Feb 05 A-Feb 05	
						25.5.c Advanced FST skill application integrated into advanced Family-Centered Out-of-Home Service In-Service module.	P-May 06 A-May 06	
						25.5.d Advanced FST skill application integrated into Advanced Family-Centered Service In-Service module.	P-Sep 06 A-Sep 06	
Item 26: Process for 6-month case reviews		X	Baseline 62.8% (derived from average of 8 quarters in FY 2003 and 2004)  8th Quarter performance = 64.7%  Goal 69% (Goal established through method described in Item 15 using Outcomes Report data).		Monitored through CD Outcomes Report Outcome #12: Children with Timely Completion of Permanency Planning Review within 30 Days and 6 Months.			P-Dec 2006  A-Mar 2006
				26.1 Revised current policy to clarify an Administrative Review and requirements	Draft policy	26.1.a Developed draft policy clarifying administrative review requirements and procedures.	P-Feb 05 A-Jul 04	
						26.1.b Draft policy sent to policy review team and management.	P-Mar 05 A-Aug 04	
				Susan Savage	Policy revision	26.1.c Feedback received and revisions made.	P-Apr 05 A-Aug 04	

Program Improvement Implementation								
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Outcome or Systemic Factors and Item(s) Contributing to Non-Conformity			Goal/Negotiated Measure/Percent of Improvement	Action Steps	Method of Measurement	Benchmarks Toward Achieving Goal	Dates of Achievement	
							Benchmark	Goal
	A	N/A						
					Policy disseminated	26.1.d New policy distributed to CD staff.	P-Jun 05 A-Aug 04	
				26.2 Recruit 3 <sup>rd</sup> party participants for Administrative Reviews	Volunteer list	26.2.a Circuit Managers recruited and trained a pool of qualified volunteers to participate in six month administrative reviews.	P-May 05 A-Nov 05	
				Cindy Wilkinson		26.2.b Circuit Managers scheduled and assigned individual reviewers to cases.	P-May 05 R-Mar 06 A-Mar 06	
				26.3 Increase ability to track 6 month Administrative Reviews separately from FSTs	System logic	26.3.a Met with MIS and developed system logic needed to add fields to SS-61.	P-Aug 04 A-Aug 04	
					CS-1 revision	26.3.b Revised the SS-61 to denote Administrative Review.	P-Jan 05 A-Aug 04	
				Cindy Wilkinson	Revised form disseminated	26.3.c Revised form and instructions distributed to all CD staff.	P-Jan 05 A-Aug 04	
Item 27: Provides a process that ensures that each child in foster care under the supervision of the State has a permanency hearing in a qualified court or administrative body no later than 12 months from the date the child entered foster care and no less frequently than every 12 months thereafter.		X	Will extract data on most recent court date from ACTS system.  <i>Baseline established on March 31, 2005 86.3%. Goal=88.0%</i>  <b>Goal Achieved</b>					P-Dec 2006  A-Apr 2006
				27.1 Improve access to legal representation		27.1.a See P1.9.4.a 27.1.b See P1.9.4.b		

Program Improvement Implementation									
1			2	3	4	5		6	7
Outcome or Systemic Factors and Item(s) Contributing to Non-Conformity			Goal/Negotiated Measure/Percent of Improvement	Action Steps	Method of Measurement	Benchmarks Toward Achieving Goal	Dates of Achievement		
							Benchmark	Goal	
	A	N/A							
				for CD.		27.1.c See P1.9.4.c			
				Jim Harrison		27.1.d See P1.9.4.d			
						27.1.e See P1.9.4.e			
						27.1.f See P1.9.4.f			
						27.1.g See P1.9.4.g			
						27.1.h See P1.9.4.h			
						27.1.i See P1.9.4.i			
			27.2 Implement training to develop testifying skills for CD staff.	Jeff Adams		27.2.a Current curriculum evaluated by Division of Legal Services.	P-Apr 05 A-Dec 04		
						27.2.b Obtained technical assistance from DLS, NRC and OSCA.	P-Jun 05 A-Jul 05		
					Curriculum modified	27.2.c Based on evaluation and technical assistance curriculum modified.	P-Oct 05  A-Oct 05		
						27.2.d Modified curriculum approved.	P-Dec 05 A-Dec 05		
					Training curriculum	27.2.e Modified curriculum incorporated into Basic and OJT for existing staff.	P-Mar 06  A-Mar 06		
			27.3 Increase the timeliness of 12 month Permanency Hearings	Cindy Wilkinson Kathryn Sapp		27.3.a See 27.2.a			
						27.3.b See 27.2.b			
						27.3.c See 27.2.c			
						27.3.d See 27.2.d			
						27.3.e See 27.2.e			
					Report on circuits where issues need to be addressed	27.3.f Collaborated with OSCA at the state level to ensure joint accountability for timely court hearings and identify circuits where CD and court issues needed to be addressed.	P-May 05  A-Jun 05		
					Workgroup participant list	27.3.g Developed on-going Court Issues workgroup to monitor timeliness of hearings.	P-June 05  A-Aug 05		
						27.3.h Developed local protocols between the court and CD offices to ensure timely hearings.	P-July 05  A-Aug 05		

Program Improvement Implementation								
1			2	3	4	5	6	7
Outcome or Systemic Factors and Item(s) Contributing to Non-Conformity			Goal/Negotiated Measure/Percent of Improvement	Action Steps	Method of Measurement	Benchmarks Toward Achieving Goal	Dates of Achievement	
							Benchmark	Goal
	A	N/A						
					FST policy revision	27.3.i Revised Family Support Team policy to assure 12 month Permanency Hearing date is discussed and documented during team meeting.	P-Jul 05 A-Jul 05	
						27.3.j Incorporated new FST policy into BASIC and OJT training for existing staff.	P-Aug 05 R-Apr 06 A-Apr 06	
				27.4 Provide cross training to judiciary, court staff, GALs and Children's Division staff on ASFA & Permanency hearings consistent with state and federal regulations.		27.4.a See P1.7.4.a 27.4.b See P1.7.4.b 27.4.c See P1.7.4.c 27.4.d See P1.7.4.d 27.4.e See P1.7.4.e 27.4.f See P1.7.4.f		
				Jeff Adams				
Item 28: Provides a process for termination of parental rights proceedings in accordance with provisions of ASFA.		X	Baseline 83.4%  <b>Goal achieved</b>  Goal 87.5% (Goal established is calculated by taking the average of 8 quarters performance in 2003 and 2004 and adding 5% of the average to measure improvement.)		Monitored through PRR V-14: TPR has occurred or been filed when the child has been in Out-of-Home Care for 15 of the most recent 22 months, or compelling reasons are documented.			P-Dec 2006  A-July 2006
				28.1 Improve access to legal representation for CD.		28.1.a See P1.9.4.a 28.1.b See P1.9.4.b 28.1.c See P1.9.4.c 28.1.d See P1.9.4.d 28.1.e See P1.9.4.e 28.1.f See P1.9.4.f 28.1.g See P1.9.4.g		
				Jim Harrison				

Program Improvement Implementation								
1			2	3	4	5	6	7
Outcome or Systemic Factors and Item(s) Contributing to Non-Conformity			Goal/Negotiated Measure/Percent of Improvement	Action Steps	Method of Measurement	Benchmarks Toward Achieving Goal	Dates of Achievement	
							Benchmark	Goal
	A	N/A						
						28.1.h See P1.9.4.h		
						28.1.i See P1.9.4.i		
				28.2 Strengthen worker/supervisor skills in engaging families in the assessment, case planning and case plan review process to increase parent, caregiver (alternative care provider) and child involvement in case assessment, plan development and reassessment.		28.2.a See S2.3.2.a		
						28.2.b See S2.3.2.b		
						28.2.c See S2.3.2.c		
						28.2.d See S2.3.2.d		
						28.2.e See S2.3.2.e		
						28.2.f See S2.3.2.f		
				Kathryn Sapp				
				28.3 Termination of Parental Rights will be filed in a timely manner, except when compelling reasons are documented.		28.3.a See P1.9.1a		
						28.3.b See P1.9.1.b		
						28.3.c See P1.9.1.c		
						28.3.d See P1.9.1.d		
						28.3.e See P1.9.1.e		
				Cindy Wilkinson				
				28.4 Improve diligent search for relatives/parents		28.4.a See P1.6.2.a		
						28.4.b See P1.6.2.b		
						28.4.c See P1.6.2.c		
						28.4.d See P1.6.2.d		
				Bonnie Washeck				
				28.5 Collaborate with OSCA to amend 211.447 RSMo to ensure consistency w/ASFA requirements regarding filing of TPR petitions w/in 60	Draft proposal	28.5.a Proposal drafted.	P-Aug 05 A-Aug 05	
						28.5.b Written proposal reviewed by OSCA and the Department.	P-Oct 05 A-Aug 05	
					Meeting agenda	28.5.c Meetings held between OSCA and the Department of Social Services to finalize proposal.	P-Nov 05 A-Aug 05	

Program Improvement Implementation								
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							Benchmark	Goal
	A	N/A						
				days of a judicial determination that the child is an abandoned infant, or that no Reasonable Efforts are required.  Jim Harrison	Draft legislation	28.5.d Advocated for proposed legislation.	P-Jun 06 A-Jul 06	
Item 29: Provides a process for foster parents, re-adoptive parents, and relative caregivers of children in foster care to be notified of, and have an opportunity to be heard in, any review or hearing held with respect to the child.		X		29.1 Increase ability of foster parents to be notified of and heard in court.  Bonnie Washeck		29.1.a Implemented HB 1453.	P-Aug 04 A-Aug 04	P-Dec 2006
					Consumer survey	29.1.b Revised consumer surveys for foster parents, youth and bio parents to incorporate questions regarding notification of court hearings and opportunity to be heard in court.	P-Jun 05 A-Jun 05	A-May 2005
						29.1.c Emphasized to staff the importance of including correct names and addresses in court reports.	P-Mar 05 A-Apr 05	
					Cross training curriculum	29.1.d Comprehensive Child Welfare Training completed with OSCA.	P-May 05 A-May 05	
Item 30: Standards to assure quality services and ensure children's safety and health	X							
Item 31: Identifiable QA system that evaluates the quality of services and improvements	X							

Program Improvement Implementation								
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							Benchmark	Goal
	A	N/A						
Item 32: Provision of ongoing staff training that addresses the necessary skills and knowledge	X							
Item 33: Ongoing training for staff		X						P-Jan 2007 A-Jan 2007
				33.1 Develop supervisory training for front line supervisors.  Jeff Adams		33.1.a Professional Development and Training collaborated with HRC for on-going supervisors training.	P-Feb 04 A-Feb 04	
					Training agenda	33.1.b Implemented Module Four of the CPS Supervisor Training Project.	P-Mar 04 A-Apr 04	
					Training agenda	33.1.c Implemented Module Five of the CPS Supervisor Training Project.	P-Jul 04 A-Aug 04	
					Training agenda	33.1.d Implemented Module Six of the CPS Supervisor Training Project.	P-Oct 04 A-Nov 04	
					Debriefing report	33.1.e CPS Supervisor Training Project Debriefing.	P-Dec 04 A-Dec 04	
					List of trainings offered	33.1.f HRC supervisor administrative pre-service training began for CD supervisors.	P-Dec 04 A-Nov 04	
					Curriculum developed	33.1.g Professional Development and Training completed development of new supervisor training curriculum/structure including initial and on-going training.	P-July 05 A-Jul 05	
						33.1.h Training curriculum reviewed and approved by CD management.	P-Aug 05 A-Aug 05	
						33.1.i Professional Development and Training selected one rural and one metro field test site.	P-Aug 05 A-Aug 05	
						33.1.j Professional Development and Training field tested curriculum in two test sites	P-Sep 05 A-Sep 05	
					Evaluation report	33.1.k Professional Development and Training evaluated field test results	P-Jan 06 A-Jan 06	

Program Improvement Implementation								
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							Benchmark	Goal
	A	N/A						
					Curriculum revised	33.1.l Professional Development and Training, revised curriculum based on evaluation	P-Jan 06 A-Jan 06	
						33.1.m Professional Development and Training implemented curriculum statewide.	P-Jun 06 A-Jul 06	
				33.2 Develop advanced in-service training module for investigations and assessments  Jeff Adams	Curriculum developed	33.2.a Professional Development and Training developed advanced in-service curriculum for investigators and assessors.	P-Oct 04 A-Sept 04	
						33.2.b CD administration approved advanced investigation and assessment in-service training module.	P-Nov 04 A-Sept 04	
					Training dates	33.2.c Professional Development and Training began training advanced investigation and assessment curriculum.	P-Jan 05 A-Sept 04	
					Curriculum revised	33.2.d Professional Development and Training evaluated advanced investigation and assessment training module and made revisions.	P-June 05 A-Jun 05	
						33.2.e Professional Development and Training implemented revised investigation and assessment advanced in-service training statewide.	P-Jul 05 A-Jul 05	
				33.3 Develop advanced in-service training module for Family- Centered Services  Jeff Adams	Workgroup participant list	33.3.a Professional Development and Training formed workgroup to develop Family-Centered Services advanced in-service training module.	P-Feb 04 A-Feb 04	
					Focus group report	33.3.b Professional Development and Training workgroup conducted focus groups for feedback on Family-Centered Service training needs.	P-Mar 04 A-Mar 04	
						33.3.c Professional Development and Training reviewed Family-Centered Service focus group feedback.	P-Mar 04 A-Mar 04	



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							Benchmark	Goal
	A	N/A						
					Curriculum developed	33.3.d Professional Development and Training developed advanced in-service curriculum for Family-Centered Services.	P-Aug 05 A-Aug 05	
						33.3.e CD administration approved advanced Family-Centered Services in-service training module.	P-Aug 05 A-Sep 05	
					Training dates	33.3.f Professional Development and Training began training advanced Family-Centered Services curriculum.	P-Sep 05 A-Oct 05	
					Curriculum revisions	33.3.g Professional Development and Training evaluated advanced Family-Centered Services training module and made revisions.	P-Mar 06 A-Feb 06	
						33.3.h Professional Development and Training implemented revised Family-Centered Services advanced in-service training statewide.	P-Sep 06 A-Sep 06	
				33.4 Develop advanced in-service training module for Family- Centered Out-of-Home Care services  Jeff Adams	Workgroup participant list	33.4.a Professional Development and Training formed workgroup to develop Family- Centered Out-of-Home Care Services advanced in-service training module.	P-Jun 04 A-Jun 04	
					focus group report	33.4.b Professional Development and Training workgroup conducted focus groups for feedback on Family-Centered Out-of-Home Care Services training needs.	P-Jul 04 A-Jul 04	
						33.4.c Professional Development and Training reviewed Family- Centered Out-of-Home Care Services focus group feedback.	P-Jul 04 A-Jul 04	
					Curriculum developed and reviewed	33.4.d Professional Development and Training developed advanced in-service curriculum for Family-Centered Out-of-Home Care Services and reviewed by OSCA.	P-Oct 05 A-Oct 05	

Program Improvement Implementation								
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							Benchmark	Goal
	A	N/A						
						33.4.e CD administration approved advanced Family- Centered Out-of-Home Care Services in-service training module.	P-Nov 05 A-Feb 06	
					Training dates	33.4.f Professional Development and Training began training advanced Family- Centered Out-of-Home Care Services curriculum in one metro and one rural site.	P-Dec 05 A-Feb 06	
					Curriculum revision	33.4.g Professional Development and Training evaluated advanced Family-Centered Out-of-Home Care Services training module and made revisions.	P-Mar 06 A-Mar 06	
						33.4.h Professional Development and Training implemented revised Family-Centered Out-of-Home Care Services advanced in-service training statewide.	P-May 06 A-May 06	
				33.5 Enhanced On-The-Job (OJT) Training  Jeff Adams	Workgroup participant list	33.5.a Professional Development and Training and Children's Services Specialist formed OJT workgroup.	P-Mar 04 A-Mar 04	
					Evaluation tools developed	33.5.b Workgroup developed new evaluation tools for OJT activities.	P-Mar 05 A-Mar 05	
						33.5.c Children's Services Specialists provided enhanced OJT in field and served as clinical mentors/trainers for OJT.	P-June 05 A-Jun 05	
					Core team members	33.5.d Created a core team consisting of social work specialists, supervisors, workers and trainer to enhance the provision of On-the-Job Training (OJT).	P-Jan 06 A-Jan 06	
					List of core skills/competencies	33.5.e Identified core skills/competencies that CD will expect new staff to have after completing BASIC.	P-Apr 06 A-Apr 06	
					Skill guide	33.5.f Beginning skills guide to be developed for use by supervisors.	P-Apr 06 A-Apr 06	

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							Benchmark	Goal
	A	N/A						
						33.5.g Supervisors commented on the skills/guide list.	P-Jun 06 A-Jun 06	
						33.5.h Skills guide modified after comment periods.	P-Jun 06 A-Jul 06	
						33.5.i Skills guide/list available for statewide use by supervisors.	P-Aug 06 A-Aug 06	
				33.6 Create training advisory Committee to annually assess needs and evaluate training  Jeff Adams	Advisory Committee participant list	33.6.a Professional Development and Training created state training advisory committee, including schools of social work.	P-Mar 05 R-Oct 06 A-Oct 06	
					Mission statement	33.6.b Advisory committee developed a mission statement.	P-Apr 05 R-Oct 06 A-Oct 06	
					Written assessment plan	33.6.c Advisory Committee developed a written plan for assessing training needs	P-May 05 R-Nov 06 A-Nov 06	
					Written evaluation plan	33.6.d Advisory Committee developed a written plan for evaluating training needs	P-May 05 R-Nov 06 A-Nov 06	
						33.6.e Plan submitted to CD administrators for approval	P-Jul 05 R-Dec 06 A-Dec 06	
				33.7 Develop Child Abuse and Neglect Training (CA/N) Institute for CD staff  Cindy Wilkinson	Committee participant list	33.7.a CA/N Training Institute Planning Partnership committee met to finalize topics and session content for upcoming three CA/N Training Institutes	P-Jan 04  A-Jan 04	
					Training agenda	33.7.b Held first CA/N Training Institute Session	P-Apr 04 A-Jun 04	
					Training agenda	33.7.c Held second CA/N Training Institute	P-Nov 04 A-Nov 04	
					Training agenda	33.7.d Held third CA/N Training Institute	P-Feb 05 A-Feb 05	
				33.8 Provide training based on circuit specific needs  Jeff Adams	Circuit Self-Assessments	33.8.a Circuits completed Circuit Self-Assessments	P-Aug 04 A-Aug 04	
						33.8.b Circuits notified Professional Development and Training Unit of targeted training needs	P-Nov 04 A-Nov 04	

Program Improvement Implementation								
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							Benchmark	Goal
	A	N/A						
						33.8.c Professional Development and Training Unit to began providing targeted training to circuits based on identified need	P-Jan 05 A-Jan 05	
Item 34: Provision of training for caregivers and adoptive parents that parents addresses the necessary skills and knowledge	X							
Item 35: Service array		X						P-Dec 2006 A-July 2006
				35.1 Increase access and availability to dental services  Bonnie Washeck		35.1.a See WB3.22.1.a 35.1.b See WB3.22.1.b 35.1.c See WB3.22.1.c 35.1.d SeeWB3.22.1.d 35.1.e SeeWB3.22.1.e		
				35.2 Increase the ability of staff and families to access Alcohol and Drug Abuse Services (ADA)  Jeff Adams	Curriculum developed	35.2.a Professional Development and Training developed Family Drug and Safety Training based in focus group information	P-Jan 04 A-Jan 04	
					Training agenda and date	35.2.b Presented Drug training to focus group	P-Feb 04 A-Feb 04	
					Field test training	35.2.c Field tested drug training in Southwest region	P-Jun 04 A-Jun 04	
					Training agenda	35.2.d Second field test conducted in Jefferson County	P-Nov 04 A-Nov 04	
					Curriculum revised	35.2.e Curriculum revised to reflect recommendations during field test, including target audiences and how many staff	P-Apr 05 A-Apr 05	
					Training dates and sites	35.2.f Completed three additional Family, Drugs and Safety trainings across the state.	P-Jun 06 A-Jul 06	
				35.3 Increase availability of		35.3.a See P1.6.5.a 35.3.b See P1.6.5.b		

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							Benchmark	Goal
	A	N/A						
				specialized foster homes for older youth, siblings, disabled and medically fragile children.  Cindy Wilkinson		35.3.c See P1.6.5.c 35.3.d See P1.6.5.d 35.3.e See P1.6.5.e		
				35.4 Increase availability of and access to parenting classes and family/parent aide services. Bonnie Washeck	Circuit self-assessment	35.4.a Through circuit self-assessment, determined available parenting classes and family/parent aide services	P-Mar 05 A-Aug 04	
					CTS contracts	35.4.b Developed performance based CTS contracts for family/parent aide and parenting class service	P-Feb 06 A-Feb 06	
				35.5 Increase services to meet the needs of non-English speaking consumers.  Kathryn Sapp	Circuit self-assessments	35.5.a Through circuit self-assessment, determined available interpretive services for non-English speaking clients	P-Mar 05 A-Aug 04	
					Recruitment plans	35.5.b Developed recruitment plan for multi/bilingual staff in circuits with identified need	P-May 05 A-Jul 05	
					Forms translated	35.5.c Made CD forms available in other languages (Spanish to accommodate growing Hispanic population)	P-Dec 05 A-Dec 05	
				35.6 Increase availability of transportation services.  Bonnie Washeck	Circuit self-assessment	35.6.a Available transportation services determined through circuit self-assessment.	P-Mar 05 A-Aug 04	
						35.6.b Recruited regional service organizations to provide transportation services.	P-May 05 A- Jul 05	
					CTS contracts	35.6.c Issued state-wide transportation contracts.	P-Mar 06 A-Feb 06	
Item 36: The services in item 35 are accessible to families and children in all political		X		See Item 35, 1-6				P-Dec 2006 A-July 2006

Program Improvement Implementation								
1			2	3	4	5	6	7
Outcome or Systemic Factors and Item(s) Contributing to Non-Conformity			Goal/Negotiated Measure/Percent of Improvement	Action Steps	Method of Measurement	Benchmarks Toward Achieving Goal	Dates of Achievement	
							Benchmark	Goal
	A	N/A						
jurisdictions covered in the State's CFSP.								
Item 37: The services in item 35 can be individualized to meet the unique needs of children and families served by the agency.		X						P-Dec 2006 A-July 2006
				37.1 Increase access to existing services		See Item 35 1-6		
				37.2 Strengthen worker/supervisor skills in engaging families in the assessment, case planning and case plan review process to increase parent, caregiver (alternative care provider) and child involvement in case assessment, plan development and reassessment. Kathryn Sapp		37.2.a See S2.3.2.a		
						37.2.b See S2.3.2.b		
						37.2.c See S2.3.2.c		
						37.2.d See S2.3.2.d		
						37.2.e See S2.3.2.e		
						37.2.f See S2.3.2.f		
Item 38: Engages in ongoing consultation with critical stakeholders in developing the CFSP	X							
Item 39: Develops annual progress reports in consultation with	X							

Program Improvement Implementation								
1			2	3	4	5	6	7
Outcome or Systemic Factors and Item(s) Contributing to Non-Conformity			Goal/Negotiated Measure/Percent of Improvement	Action Steps	Method of Measurement	Benchmarks Toward Achieving Goal	Dates of Achievement	
							Benchmark	Goal
	A	N/A						
stakeholders								
Item 40: Coordinates services with other federal programs	X							
Item 41: Standards for foster family and child care institutions	X							
Item 42: Standards are applied equally to all foster family and child care institutions	X							
Item 43: Conducts necessary criminal background checks.	X							
Item 44: Diligent recruitment of foster and adoptive families that reflect children's racial and ethnic diversity.		X						P-Dec 2006 A-July 2006
				44.1 Increase the number of resource families.  Cindy Wilkinson		44.1.a See P1.6.5.a		
						44.1.b See P1.6.5.b		
						44.1.c See P1.6.5.c		
						44.1.d See P1.6.5.d		
						44.1.e See P1.6.5.e		
						44.1.f See P 2.12.3.a		
						44.1.g See P 2.12.3.b		
						44.1.h See P 2.12.3.c		
						44.1.i See P 2.12.3.d		
						44.1.j See P 2.12.3.e		
Item 45: Uses cross-jurisdictional resources to find placements	X							





# Program Improvement Plan First Quarter Submission May 2005

Outcomes or Systemic Factors	Action Steps	Progress Made Towards Achieving Goal	Benchmark Dates of Achievement
<b>ITEM 1</b>  Timeliness of initiating investigations of reports of child maltreatment.	S1.1.1 Clarify policy regarding timeliness of initiating reports of child maltreatment.	All benchmarks met in this step. However, memo was not disseminated to staff until May. See attached memo.	P: Mar 05 A: May 05
	S1.1.2 Increase accuracy of data regarding initial contact.	No benchmarks due at this time.	P: Aug 05 A:
	S1.1.3 Study feasibility for alternative protocols for managing non CA/N referrals.	Benchmarks met for steps a-f. Due to budget cuts of reclassification of the Self-Sufficiency Case Managers to Caseworkers, this pilot (steps g-h) project will not be expanded to other sites and ended effectively in Jackson Co. on April 29, 2005. See documentation.	P: Aug 05 A: Apr 05
	S1.1.4 Develop improvement plan to respond timely to reports of maltreatment.	Benchmarks met for steps a-c. See documentation. Step d not due until July 05	P: Apr 05 A: Apr 05
	S1.1.5 Call management and Structured Decision Making (SDM) Protocols Implemented at the Child Abuse and Neglect Hotline Unit (CA/N HU) to provide consistent screening and classification of calls received.	Benchmarks met for steps a-c. See documentation. Steps d-g not due at this time.	P: Aug 04 A: Aug 04
<b>ITEM 2</b>  <b>Repeat Maltreatment</b>  <b>Recurrence of maltreatment</b>  Of all children who were victims of a substantiated or indicated maltreatment report in the first six months of the fiscal year, what percent were victims of another substantiated or indicated report within a 6 month period.	S1.2.1. Ensure consistent and accurate completion of SDM safety and risk assessment.	Benchmarks met for steps a-f. See documentation. Steps g-h not due at this time.	P: Apr 05 A: Apr 05
	S1.2.2 Implementation of "Confirming Safe Environments" (CSE) process.	Benchmarks met for steps a-d. See documentation. Steps e-f not due at this time.	P: Mar 05 A: Mar 05
	S1.2.3 Strengthen policy regarding assessment of safety at and throughout placement.	No benchmarks due at this time.	P: May 05 A:
	S1.2.4 Practice Enhancement Teams (PET) assist Circuit Managers in development of improvement strategies to reduce repeat maltreatment and CA/N in foster care.	Benchmarks met for steps a-c. See documentation. Steps d-e not due at this time.	P: Apr 05 A: Apr 05
	S1.2.5 Strengthen policy and practice relating to chronic neglect and accumulation of harm.	Benchmarks met for steps a-b. See documentation. Title IV-E waiver application originally submitted in June 2004 and re-submitted in May 2005. Steps c-k not due at this time.	P: Jan 05 A: May 05
	S1.2.6 Develop performance-based contract for foster parents.	No benchmarks due at this time.	P: May 05 A:
<b>ITEM 3</b>  Services to Family to protect child(ren) In home and prevent removal	S2.3.1 Improve family assessment and case plan tools to better link service provision to the needs of the family identified in the initial and ongoing assessments: include a mechanism for family self-assessment and identified areas specifically related to child safety and risk concerns (to be completed	Benchmarks met for steps a-b. See documentation. Steps c-h not due at this time.	P: May 05 A: Feb 05

	concurrently with S2.3.2).		
<b>Outcomes or Systemic Factors</b>	<b>Action Steps</b>	<b>Progress Made Towards Achieving Goal</b>	<b>Benchmark Dates of Achievement</b>
	S2.3.2 Strengthen worker/supervisor skills in engaging families in the assessment, case planning and case plan review process to increase parent, caregiver (alternative care provider) and child involvement in case assessment, plan development and reassessment.	Benchmarks met for steps a-d. See documentation. Steps e-f not due at this time.	P: Feb 05 A: Feb 05
	S2.3.3 Improve supervisory capacity to monitor enhanced practice relating to case planning.	No benchmarks due at this time.	P: May 05 A:
	S2.3.4 Establish procedures to access various service funding streams.	No benchmarks due at this time.	P: Aug 05 A:
	S2.3.5 Per new legislation, develop state comprehensive children's mental health plan to increase level of cooperation between court, mental health, child welfare and families.	All benchmarks met in this step.	P: Jan 05 A: Jan 05
ITEM 4  Risk of harm to Child(ren)	S2.4.1 Ensure consistent and accurate completion of SDM safety and risk assessment.	S2.4.1 a-g See S1.2.1 a-g	
	S2.4.2 Implementation of "Confirming Safe environments" process.	S2.4.2 a-g See S1.2.2 a-g	
	S2.4.3 Implementation enhanced background screening for foster/kinship and court ordered providers.	All benchmarks met in this step. See documentation.	P: Nov 04 A: Nov 04
	S2.4.4 Development of "Culture of Care Initiative" for improving safety and nurturance of children in a residential care setting.	All benchmarks met in this step. See documentation.	P: Aug 04 A: Aug 04
	S2.4.5 Improve family assessment and case plan tools to better link service provision to the needs of family identified in the initial and ongoing assessments; include a mechanism for family self-assessment and identified areas specifically related to child safety and risk concerns.	S2.4.5 a-h See S2.3.1. a-h	
ITEM 5	<b>Passed CFSR On-site review and 2002 AFCARS</b>		
ITEM 6  Stability of foster care placement	P1.6.1 Increase system capacity to accurately track placement kinship vendor types.	Benchmark "a" met. See documentation. Steps b-e not due at this time.	P: Mar 05 A: Feb 05
	P1.6.2 Improve diligent search for relatives/missing parents.	All benchmarks met in this step. See documentation.	P: Apr 05 A: Apr 05
	P1.6.3 Expand use of Family Support Team Meetings to promote stability in alternative care placements.	All benchmarks met in this step. See documentation.	P: Feb 05 A: Feb 05
	P1.6.4 Identify resource family types and shortages.	Benchmark "a" met. See documentation. Step "b" not due at this time.	P: Apr 05 A: Apr 05

	P1.6.5 Increase number of resource families.	All benchmarks met in this step except step d. Step “a” the “What’s It All About” video made by the State Youth Advisory Board was previously sent to ACF. Step “d” the award of new contract on hold due to budgetary constraints. This RFP is intended for statewide resource and recruitment activities. However, current contractors and staff continue to work on targeted recruitment.	P: Mar 05 A: <a href="#">Pending</a>
	P1.6.6 Increase placement stability by improving matching capabilities for children in out-of-home settings.	No benchmarks due at this time.	P: Mar 06 A:
	P1.6.7 Evaluate support and training provided for relative/kinship resource families.	No benchmarks due at this time.	P: Dec 05 A:
ITEM 7 Permanency goal for child	P1.7.1. Ensure the frequency and timeliness of Family Support Team Meetings occurs per policy.	All benchmarks met in this step. See documentation.	P: Feb 05 & Ongoing A: Feb 05 & Ongoing
	P1.7.2 Improve quality of Family Support Teams (FSTs) to ensure permanency goal is reviewed and established.	Benchmarks a-d met. See documentation. Steps f-h are pending due to step “e” not being met. Expert facilitators have yet to be identified in each region.	P: Mar 05 A: <a href="#">Pending</a>
	P1.7.3 Strengthen policy and practice relating to concurrent planning.	Benchmark “a” has been met. Steps b-c not due yet.	P: Mar 05 A: Mar 05
	P1.7.4 Increase collaboration with courts by providing cross training to judiciary, court staff, GALs and Children’s Division staff on ASFA and Permanency Hearings consistent with state regulations.	All benchmarks met in this step. See documentation.	P: Jun 04 A: Sept 04
ITEM 8 Reunification, guardianship, or permanent placement with relatives.	P1.8.1 Address permanency and service needs of children in Legal Status 2, 3, and 4.	Benchmarks a-c met. See documentation. Steps d-e not met due to pending meeting with DLS and OSCA. Steps f-h not due yet.	P: Apr 05 A: <a href="#">Pending</a>
	P1.8.2 Establish procedures to access various services funding streams.	P1.8.2 a-b See S2.3.4 a-b	
	P1.8.3 Ensure frequency and timeliness of Family Support Team Meetings occurs per policy.	P1.8.3 1-c See P1.7.1 a-c	
	P1.8.4 Improve quality of Family Support Teams to assure the review of permanency goal.	P1.8.4 a-h See P1.7.2 a-h	
	P1.8.5 Increase collaboration with courts by providing cross training to new judiciary, court staff, Children’s Division staff and GALs on ASFA & Permanency hearings consistent with state and federal regulations.	P 1.8.5 a-f See P1.7.4 a-f	
	P1.8.6 Increase collaboration with courts by providing cross training to judiciary, court staff, GALs and Children’s Division staff regarding roles and responsibilities.	Benchmarks a-b met. See documentation. Step “c” not due yet.	P: Dec 04 A: Dec 04
	P1.8.7 Collaborate with OSCA to explore barriers that would allow Juvenile Courts to enter temporary custody orders and transfer jurisdiction to Probate and Circuit Courts to expedite guardianship.	All benchmarks met in this step. See documentation.	P: Mar 05 A: Jan 05
	P1.8.8 Determined policy remedy to be used in addition or in lieu of any legislative change referred in P1.8.7.	Benchmark “a” not due at this time.  P1.8.8 b-f See P1.6.1 a-e	P: Oct 05 A:

ITEM 9 Adoption	P1.9.1 Termination of Parental Rights will be filed in a timely manner, except when compelling reasons are documented.	Benchmark "a" met. See documentation. Steps b-g not due at this time.	P: Feb 05 A: Feb 05
	P1.9.2 Increase number of resource families.	P1.9.2 a-e See P1.6.5 a-e	
	P1.9.3 Increase capacity to conduct home studies and finalize adoptions.	Benchmark "a" met. See P1.6.5 c for copy of RFP. Unable to ascertain an accurate workload staffing for step "b" due to other workers and contractors conducting home studies beside adoption specialists. Outcome Measure #16 reports 603 new and re-licensed adoptive home. There are currently 134 adoption specialists. See documentation.	P: Mar 05 A: Pending
	P1.9.4 Improve access to legal representation for CD staff.	Benchmarks a-b, e and f met. See documentation. Steps c-d and f will not be met due to budget cuts and the lack of resources to fund law school clinic passed the state's fiscal year. Steps h-i not due at this time.	P: Apr 05 A: Apr 05 & unable to meet due to budget cuts
ITEM 10 Other planned living arrangement	P1.10.1 Increase number and quality of resource families for older youth.	P1.10.1 a-e See P1.6.5 a-e. Benchmark "f" met. See documentation. Steps g-h not due yet.	P: Mar 05 A: Mar 05
	P1.10.2 Increase awareness of Chafee program services to staff and community members.	Benchmarks met for a-c. See documentation. Steps d-e not due yet	P: Mar 04 A: Mar 04
	P1.10.3 Increase program accessibility to provide life skills training services for youth.	Benchmarks met for a-e. See documentation. Step "f" not due yet.	P: Feb 05 A: Feb 05
ITEM 11	Goal achieved		
ITEM 12 Placement with siblings	P2.12.1 Increase the number of siblings placed together	Benchmarks met for a-c. The memo addressing HB 1453 issues covered placement of children, there was only a vague reference to siblings. Another memo currently in draft form specifically address placement of siblings and sibling visitation. See documentation. Step "d" not due yet	P: Feb 05 Ongoing & Quarterly A: Feb 05
	P2.12.2 Develop an ongoing training module regarding sibling placements for staff, foster parents, and juvenile court staff.	No benchmarks due at this time. P2.12.2 b-g See P1.7.4. a-f	P: Nov 05 A:
	P2.12.3 Increase capacity for resource families that accept sibling groups.	P2.12.3 a-e See P1.6.5.a-e	
ITEM 13 Visiting with parents and siblings in foster care	P2.13.1 Increase frequency and quality of parent/child and sibling visits.	No benchmark due at this time.	P: Aug 05 A:
ITEM 14 Preserving connections.	P2.14.1 Increase emphasis on preserving familial and community connections for children in out-of home care.	No benchmarks due at this time.	P: May 05 A:
	P2.14.2 Improve diligent search for relatives/missing parents.	P2.14.2 a-d See P1.6.2.a-d	
	P2.14.3 Revise ICWA policy.	Benchmark met for "a". See documentation. Steps b-e not due yet.	P: Aug 04 A: Aug 04
ITEM 15	P2.15.1 Increase system capacity to accurately track placement kinship vendor types.	P2.15.1 a-e See P1.6.1 a-e	

Relative placement	P2.15.2 Improve diligent Search for relatives/missing parents.	P2.15.2 a-d See P1.6.2 a-d	
	P2.15.3 Evaluate support and training provided for relative/ kinship resource families.	P2.15.3 a-c See P1.6.7 a-c	
ITEM 16	P2.16.1 Improve diligent search for non-custodial parent.	P2.16.1 a-d See P1.6.2 a-d	
Relationship of child in care with parents	P2.16.2 Improve engagement of non-custodial parents in case planning by strengthening worker/supervisor skills in engaging families in the assessment, case planning and case plan review process. Increase parent, caregiver, (alternative care provider) and child involvement in case assessment, plan development and reassessment.	P2.16.2 a-f See S2.3.2 a-f	
Item 17 Needs and services of child, parents foster parents	WB1.17.1 Improve family assessment and case plan tools to better link service provision to the needs to the bio family identified in the initial and ongoing assessment.	WB1.17.1 a-h See S2.3.1 a-h	
	WB1.17.2 Strengthen worker skills in engaging families in the assessment, case planning and case plan review process to increase parent, caregiver (alternative care provider) and child involvement in case assessment, plan development and reassessment.	.WB1.17.2 a-f See S2.3.2 a-f	
	WB1.17.3 Implementation of "Confirming Safe Environments" to reduce the risk for children in foster/kinship care to identify needs of child and providers.	WB1.17.3 a-f See S1.2.2 a-f	
Item 18 Child and Family involvement in case planning	WB1.18.1 Maximize parental/family participation in Family Support team meetings.	WB1.18.1 a-f See S2.3.2.a-f. Benchmark "g" not due yet.	P: Aug 05 A:
	WB1.18.2 Improve the quality of Family Support Team Meetings.	WB1.18.2 a-h See P1.7.2 a-h	
	WB1.18.3 Review and further develop a handbook, to be distributed at the point of removal, to educate parents on their rights and responsibilities, court procedures, etc.	No benchmarks due at this time.	P: Aug 05 A:
ITEM 19 Worker visits with child-improve quantity and quality	WB1.19.1 Develop policy addressing the quality of visits to incorporate case planning, service delivery and goal attainment.	Benchmarks met for a-b. See documentation. Steps c-f not due at this time.	P: Feb 05 A: May 05
	WB1.19.2 Increase policy compliance for frequency of worker visits for intact and out-of-home cases.	No benchmarks due at this time.	P: Aug 05 A:
	WB1.19.3 Tracking system to track worker visits (date/site).	No benchmarks due at this time.	P: Feb 06 A:
Item 20 Worker visit with parent(s)	WB1.20.1 Strengthen worker relationships with biological or adoptive parents.	Benchmarks a-b not due at this time.  WB1.20.1 c-h See S2.3.2 a-f	P: May 05 A:

	<p>WB1.20.2 Refer to WB1.19.2, WB1.19.2 &amp; WB1.19.3</p> <p>a. WB1.19.1 Develop policy addressing the quality of visits to incorporate case planning, service delivery and goal attainment.</p> <p>WB1.19.2 Increase policy compliance for frequency of worker visits for intact and out-of-home cases.</p> <p>WB1.19.3 Tracking system to track worker visits (date/site).</p>	<p>WB1.20.2 a See WB1.19.1 a-f</p> <p>WB1.20.2 b See WB1.19.2 a-c</p> <p>WB1.20.2 c See WB1.19.3 a-b</p>	
ITEM 21  Children receive appropriate services to meet their educational needs	WB2.21.1 Improve working relationship among Children's Division, Department of Elementary and Secondary Education (DESE) and local school districts.	Benchmark "a" met. See documentation. Steps b-e not due at this time.	P: Mar 05 A: Apr 05
	WB2.21.2 Improve the flow of educational records and reports when children transfer schools.	No benchmarks due at this time.	P: Jun 05 A:
	WB2.21.3 Decrease the incidence of educational neglect, truancy and suspension of children in care.	Benchmark "a" met. Steps b-g not due at this time.	P: Apr 05 A: Apr 05
	WB2.21.4 Decrease the incidence of educational neglect, truancy and suspension of children intact families.	Benchmark "a" met. Steps b-g not due at this time.	P: Apr 05 A: Apr 05
ITEM 22  Physical health of the child	WB3.22.1 Increase ability of Children's Division staff and families to access available dental resources.	Benchmark "a" met. See Documentation. Steps b-e not due at this time.	P: Mar 05 A: Aug 04
	WB3.22.2 Increase capacity of staff to assess medical needs of children in intact families.	No benchmarks due at this time.	P: Jul 05 A:
Item 23  Mental Health needs of the child	WB3.23.1 Increase the ability of Children's Division Staff and families to access mental health resources.	Benchmarks met for a-c. See Documentation. Steps d-e not due at this time.	P: Jan 05 A: Jan 05
	WB3.23.2 Increase awareness of staff and foster parents regarding attachment and mental health issues.	Benchmarks met for a-d. See Documentation. Step "e" not due at this time.	P: Mar 05 A: Mar 05
	WB3.23.3 Increase capacity of staff to assess mental health needs of children in intact families.	No benchmarks due at this time.	P: Jul 05 A:
ITEM 24	Goal achieved.		
ITEM 25  Provides a process that ensures that each child has a written case plan to be developed jointly with the child's parent(s) that includes the required provisions	25.1 Improve family assessment and case plan tools to better link service provision to the needs of the family identified in the initial and ongoing assessments.	25.1 a-h See S2.3.1 a-h	
	25.2 Strengthen worker/supervisor skills in engaging families in the assessment, case planning and case plan review process to increase parent, caregiver (alternative care provider) and child involvement in case assessment, plan development and reassessment.	25.2 a-f See S2.3.2.a-f	
	25.3 Improve supervisory capacity to monitor practice linking the assessment with the overall plan.	25.3 a-h See S2.3.3 a-h	
	25.4 Maximize parental/family involvement in Family Support Team meeting.	25.4 a-d See P1.6.2.a-d 25.4 e-j See S2.3.2 a-f	
	25.5 Improve staff facilitation skills for Family Support Team Meetings.	Benchmarks met for a-b. See Documentation. Steps c-d not due at this time.	P: Feb 05 A: Feb 05

ITEM 26  Process for 6-month case reviews	26.1 Revised current policy to clarify an Administrative Review and requirements.	Benchmarks met for a-c. See Documentation. Step "d" not due at this time.	P: Apr 05 A: Aug 04
	26.2 Recruit 3 <sup>rd</sup> party participants for Administrative Reviews.	No benchmarks due at this time.	P: May 05 A:
	26.3 Increase ability to track 6 month Administrative Reviews separately from FSTs.	All benchmarks met for this step. See Documentation.	P: Jan 05 A: Aug 04
ITEM 27  Provides a process that ensures that each child in foster care under the supervision of the state has a permanency hearing in a qualified court or administrative body no later than 12 months from the date the child entered foster care and no less frequently than every 12 months thereafter.	27.1 Improve access to legal representation for CD.	27.1 a-l See Pa.9.4 a-i	
	27.2 Implement training to develop testifying skills for CD staff.	Benchmark met for "a". See Documentation. Steps b-e not due at this time.	P: Apr 05 A: Dec 04
	27.3 Increase the timeliness of 12 month Permanency Hearings.	27.3 a-e See 27.2 a-e. Steps f-j not due at this time.	P: May 05 A:
	27.4 Provide cross-training to judiciary, court staff, GALs and Children's Division staff on ASFA & Permanency hearings consistent with state and federal regulations.	27.1 a-f See P1.7.4 a-f	
ITEM 28  Provides a process for termination of parental rights proceedings in accordance with provisions of ASFA	28.1 Improve access to legal representation for CD.	28.1 a-l See S2.3.2 a-f	
	28.2 Strengthen worker/supervisor skills in engaging families in the assessment, case planning and case plan review process to increase parent, caregiver (alternative care provider) and child involvement in case assessment, plan development and reassessment..	28.2 a-f See S2.3.2 a-f	
	28.3 Termination of Parental Rights will be filed in a timely manner, except when compelling reasons are documented.	28.3 a-e See P1.9.1 a-e	
	28.4 Improve diligent search for relative/parents.	28.4 a-d See p1.6.2 a-d	
	28.5 Collaborate with OSCA to amend 211.447 RSMo to ensure consistency w/ASFA requirements regarding filing of TPR petitions w/in 60 days of a judicial determination that the child is an abandoned infant. Or that no Reasonable Efforts are required.	No benchmarks due at this time.	P: Aug 05 A:

ITEM 29	29.1 Increase ability of foster parents to be notified of and heard in court.	Benchmark “a” and “c” met. Steps “b” and “d” not due at this time.	P: Mar 05 A: Apr 05
Provides a process for foster parents, re-adoptive parents and relative caregivers of children in foster care to be notified of, and have an opportunity to be heard in, any review or hearing held with respect to the child			
ITEM 30	Goal achieved.		
ITEM 31	Goal achieved.		
ITEM 32	Goal achieved.		
ITEM 33  Ongoing training for staff	33.1 Develop supervisory training for front line supervisors.	Benchmarks met for a-h. See Documentation. Step “g” not due at this time.	P: Dec 04 A: Dec 04
	33.2 Develop advances in service training for investigations and assessments.	Benchmarks met for a-c. See Documentation. Steps d-e not due at this time.	P: Jan 05 A: Sept 04
	33.3 Develop advanced in-services training module for Family-Centered Services.	Benchmarks met for a-c. See Documentation. Steps d-h not due at this time.	P: Mar 04 A: Mar 04
	33.4 Develop advanced in-service training module for Family-Centered Out-of-Home Care Services.	Benchmarks met for a-c. See Documentation. Steps d-h not due at this time.	P: Jul 04 A: Jul 04
	33.5 Enhanced On-the-Job (OJT) Training.	Benchmarks met for a-b. See Documentation. Step “c” not due at this time.	P: Mar 05 A: Mar 05
	33.6 Create training advisory Committee to Annually assess needs and evaluate training.	Benchmark met for “a”. See Documentation. Step “b” is pending due to schedule of committee members. Steps c-e not due at this time.	P: Apr 05 A: <a href="#">Pending</a>
	33.7 Develop Child Abuse and Neglect Training (CA/N) Institute for CD staff.	All benchmarks met in this step. See Documentation.	P: Feb 05 A: Feb 05
	33.8 Provide training based on circuit specific needs.	All benchmarks met in this step. See Documentation.	P: Jan 05 A: Jan 05
ITEM 34	Goal achieved.		
Item 35  Service array	35.1 Increase access and availability to dental services.	35.1 a-e See WB3.22.1 a-e	
	35.2 Increase the ability of staff and families to access Alcohol and Drug Abuse Services (ADA).	Benchmarks met for a-e. See Documentation. Step “f” not due at this time.	P: Apr 05 A: Apr 05
	35.3 Increase availability of specialized foster homes for older youth, sibling, disabled and medically fragile children.	35.3 a-e See P1.6.5 a-e.	
	35.4 Increase availability of and access to parenting classes and family/parent aide services.	Benchmark met for “a”. Step “b” not due at this time.	P: Mar 05 A: Aug 04
	35.5 Increase services to meet the needs of non-English speaking consumers.	Benchmark met for “a”. Steps b-c not due at this time.	P: Mar 05 A: Aug 04



	35.6 Increase availability of transportation services.	Benchmark met for “a”. Steps b-c not due at this time.	P: Mar 05 A: Aug 04
ITEM 36  The services in item 35 are accessible to families and children in all political jurisdictions covered in the State's CFSP	See Item 35, 1-6		
ITEM 37  The services in item 35 can be individualized to meet the unique needs of children and families served by the agency	37.1 Increase access to existing services.	See Item 35 1-6	
	37.2 Strengthen worker/supervisor skills in engaging families in the assessment, case planning and case plan review process to increase parent, caregiver (alternative care provider) and child involvement in case assessment, plan development and reassessment.	37.2 a-f See S2.3.2 a-f	
ITEM 38	Goal achieved.		
ITEM 39	Goal achieved.		
ITEM 40	Goal achieved.		
ITEM 41	Goal achieved.		
ITEM 42	Goal achieved.		
ITEM 43	Goal achieved.	.	
ITEM 44  Diligent recruitment of foster and adoptive families that reflect children's racial and ethnic diversity	44.1 Increase the number of resource families.	44.1 a-d see P1.6.5.a-d 44.1 f-j see P2.12.3 a-e	
ITEM 45	Goal achieved.		

**MISSOURI PROGRAM IMPROVEMENT PLAN**

**QUARTER 2 PROGRESS REPORT**

**MAY – JULY 2005**

**CHILDREN'S DIVISION**

**SUBMISSION DATE: AUGUST 30, 2005**

## Quarter 2 Accomplishments

The following is a summary of activities completed during Quarter 2 (May – July 2005) of the Program Improvement Plan (PIP).

### **Safety Outcome 1: Children are, first and foremost, protected from abuse and neglect.**

#### **Item 1: Timeliness of initiating investigations of reports of child maltreatment**

(S1.1.1) – ***Clarify policy regarding timeliness of initiating reports of child maltreatment.*** All benchmarks in this action step were met during Quarter 1 (February – April 2005).

(S1.1.2) – ***Increase accuracy of data regarding initial contact.*** Circuit Managers (CM) and Quality Assurance Specialists (QAS) continue to monitor quarter Peer Record Review (PRR) results and made recommendations for improvements including: reminding staff that 24hrs beings at the time the report was made, holding weekly supervisory consultations with staff having difficulty making initial contact, use of Alternative Care staff to make contact and assess for safety if the Investigator cannot make the initial contact, reviewing data to ensure it is being entered accurately and utilizing the multi-disciplinary team when possible.

(S1.1.3) – ***Study feasibility for alternative protocols for managing non CA/N referral.*** All benchmarks in this action step were either met during Quarter 1 or are one of the three items under discussion for renegotiation.

(S1.1.4) – ***Develop improvement plan to respond timely to reports of maltreatment.*** In August 2004, circuit self assessments were completed to evaluate CA/N responses. During the Quarter 1, local CA/N response protocols were established and implemented. Regional Improvement plans to improve timeliness of initial contact were developed by all regions. Improvements include: identifying what the barriers are to initiating timely contact, CMs, QAS and PETs holding monthly meeting to look at their performance using Outcome and Management reports and the PRR, development of a tip sheet for 24 hour contact, corrective action plans for workers who continues to have problems making timely contact, correctly using the multi-disc team, and the use of case reading form checklist. Supervisory conferences are held with staff immediately after a case read to address barriers.

(S1.1.5) – ***Call Management and Structured Decision Making (SDM) Protocols Implemented at the Child Abuse and Neglect Hotline Unit to provide consistent screening and classification of calls received.*** The Call Management and SDM protocols implemented to provide consistent screening and classification of calls received were provided during Quarter 1 submission. Along with the protocols, a training agenda to train staff on how to use the protocols were also provided during Quarter 1. No benchmarks are currently due for this action step for Quarter 2.

## Item 2: Repeat maltreatment

(S1.2.1) – ***Ensure consistent and accurate completion of SDM safety and risk assessment.*** Field staff are charged quarterly with looking at their SDM Safety Assessment performance on PRR I-8 and II-8. When their performance during the current quarter falls below previous quarters, they are to assess the decline and develop an action plan on improvement. Regional plans are attached. Staff was provided with random selected incident numbers equal to at least 10 percent of the reports received and instructed to review the cases using the SDM review tool. Results of the review are indicated in the evaluation report attached.

(S1.2.2) – ***Implementation of Confirming Safe Environments (CSE) process.*** There are no benchmarks due in this action step for this quarter.

(S1.2.3) – ***Strengthen policy regarding assessment of safety at and throughout placement.*** A Visitation Workgroup has been developed not only to address parent/child/worker visitation issues but also charged with developing policy regarding assessment of safety at and throughout placement. Attached is an explanation on the progress of the workgroup.

(S1.2.4) – ***Practice Enhancement Teams (PET) assist Circuit Managers in development of improvement strategies to reduce repeat maltreatment and CA/N in foster care.*** PET or PIP workgroups have been formed throughout the state to review or address various issues and develop improvement strategies. Regional improvement plans are provided if their performance for reducing maltreatment and CA/N in foster care is below the state's goal.

(S1.2.5) – ***Strength policy and practice relating to chronic neglect and accumulation of harm.*** While the IV-E waiver application for Chronic Neglect was initially submitted in June 2004, it has undergone a series of postponements in an effort to establish an effective approach and services to tackle the problem of chronic families and while remaining cost neutral. However, Jasper and Newton Counties expressed an interest in piloting the project and on June 6<sup>th</sup> and June 7, 2005, the newly developed Chronic Neglect Training was conducted with staff in Jasper and Newton County. A full explanation of the progress of this project is attached along with the training agenda.

(S1.2.6) – ***Develop performance-based contract for foster parents.*** HB 1453 requires foster parents meet performance based criteria prior to licensing or re-licensing. The purposes of a Professional Family Development Plan (PFDP) will be to assess knowledge, target training needs, and enhance skills for improve performance of foster parents. The components of the PFDP will include an assessment of the foster family's present level of competencies; annual educational goals; methods of reaching those goals; and a way to determine if goals have been met. Language for the PFDP has been incorporated into the foster parent licensing rules. A copy is attached. However, the rules have not been promulgated.

<b>Safety Outcome 2: Children are safely maintained in their homes whenever possible and appropriate.</b>
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**Item 3: Services to family to protect child(ren) in home and prevent removal**

**(S2.3.1) – *Improve family assessment and case plan tools to better link service provision to the needs of family identified in the initial and ongoing assessments.***

The Family Assessment instrument currently referred to as the CD-14 has gone through several revisions in the last few years, the latest version taking place during 2004. In September 2004 field testing for the CD-14 began in Circuit 2. The CD-14 Assessment and Service Planning training began in the Kansas City and St. Louis areas in February 2005 and will continue through October 2005. Valuable input was received during the field test and training sessions to revise the CD-14 as needed. The latest revision was made during April 2005. A more comprehensive narrative regarding the field test and training process is attached. The most recent revision of the CD-14 packet is also attached.

**(S2.3.2) – *Strengthen worker/supervisor skills in engaging families in the assessment, case planning and case plan review process to increase parent, caregiver and child involvement.*** There are no benchmarks due during Quarter 2 for this action step.

**(S2.3.3) – *Improve supervisory capacity to monitor enhanced practice relating to case planning.*** CD requested technical assistance from and began working with the National Resource Center for Organizational Improvement in early spring 2005. The first meeting was held during April 2005. In April's meeting discussion centered around designing a comprehensive technical assistance plan to assist CD in meeting PIP priorities. One of which is supporting front line supervisors in their daily work. A supervision workgroup was formed in June 2005 to address supervisory training to include a clinical focus and a case review tool. A subgroup was created to specifically look at existing review tools used by field staff and is charged with creating a draft tool. It is anticipated that a draft version will be available for review by the next meeting scheduled for October 2005. A brief explanation of these benchmarks is also attached.

**(S2.3.4) – *Establish procedures to access various service funding streams.*** There are no benchmarks due during Quarter 2 for this action step.

**(S2.3.5) – *Per new legislation, develop comprehensive children's mental health plan to increase level of cooperation between court, mental health, child welfare and families.*** All benchmarks in this action step were accomplished during Quarter 1.

**Item 4: Risk of harm to child**

**(S2.4.1) – *Ensure consistent and accurate completion of SDM safety and assessment.*** Refer to S1.2.1

(S2.4.2) – **Implementation of CSE process.** Refer to S1.2.2

(S2.4.3) – **Implement enhance background screening for foster/adopt and court ordered providers.** During this quarter there no policy updates on enhancing background screening for foster/kinship and court ordered providers.

(S2.4.4) – **Development of “Culture of Care Initiative” for improving safety and nurturance of children in a residential care setting.** All benchmarks in this action step were accomplished during Quarter 1. Quarterly monitoring of Preponderance of Evidence reports indicates that three were received by residential treatment facilities during this quarter compared to one during Quarter 1.

(S2.4.5) – **Improve family assessment and case plan tools to better link service provision to the needs of the family identified in the initial and ongoing assessments; include a mechanism for family self-assessment and identified areas specifically related to child safety and risk concerns.** Refer to S2.3.1

### **Permanency Outcome 1: Children have permanency and stability in their living situations.**

**Item 5: Foster care re-entries.** This item was found to be substantially achieved.

#### **Item 6: Stability of foster care placement**

(P1.6.1) – **Increase system capacity to accurately track placement kinship vendor types.** Coding changes have been made to the Legacy system to improve tracking of additional kinship placement types. During July 2005, Central Office staff began training staff in the 13<sup>th</sup> and 19<sup>th</sup> circuits and two QAS on how to update or clean up existing inaccurate relative placement types. In doing so, circuit staff are also learning how to enter placements accurately. In September, three more QAS are being trained along with the 23<sup>rd</sup> circuit to clean up existing relative placement types. QAS are being trained to assist circuit staff in maintaining the integrity of the kinship data.

(P1.6.2) – **Improve diligent search for relatives/missing parents.** There are no benchmarks due during Quarter 2 for this action step.

(P1.6.3) – **Expand use of family support team meetings to promote stability in alternative care placements.** There are no benchmarks due during Quarter 2 for this action step.

(P1.6.4) – **Identify resource family types and shortages.** Regional Action plan received from all regions. Plans include recruitment/retention of homes for older youth, sibling groups and African American males. In addition, traditional foster parents who have expressed a desire to accept placement of older youth are being encouraged to become transitional living advocate (TLA) homes. These type homes serve as

advocates for older youth, assisting them in the preparation and transition to living independently.

(P1.6.5) – ***Increase number of resource families.*** This is one of the three items under discussion for renegotiation for Quarter 1. Attached are award letters to contractors receiving PBC contract.

(P1.6.6) – ***Increase placement stability by improving matching capabilities for children in out-of-home setting.*** There are no benchmarks due during Quarter 2 for this action step.

(P1.6.7) – ***Evaluate support and training provided for relative/kinship resource families.*** There are no benchmarks due during Quarter 2 for this action step.

#### **Item 7: Permanency goal for child**

(P1.7.1) – ***Ensure the frequency and timeliness of FST Meetings occurs per policy.*** Regional action plans received from all regions outlining improvement plans or providing data on their performance.

(P1.7.2) – ***Improve quality of FSTs to ensure permanency goal is reviewed and established.*** Expert facilitators have been identified for all regions. Each region has developed a protocol for accessing their experts and training for these experts has either taken place or will be completed by September 2005. Once all the trainings have been completed, a memo will be distributed from each region. See attached.

(P1.7.3) – ***Strengthen policy and practice relating to concurrent planning.*** Improvement plans received from all regions. See attached.

(P1.7.4) – ***Increase collaboration with courts by providing cross training to judiciary, court staff, GALs and CD staff on ASFA & permanency hearings consistent with state and federal regulations.*** During the last state fiscal year, the Office of State Courts Administrator (OSCA) and CD continued to collaborate on providing cross training to staff. Formal training on the provisions of HB 1453 was initiated in August 2004, with legislative updates presented to judges and court staff. In September 2004, the OSCA, the CD, and the Department of Mental Health joined resources to present two half-day sessions on new legislation to a multidisciplinary audience. The sessions were offered via video teleconference at nine sites statewide. More than 500 people attended the program which covered HB 1453, SB 1003 (Child Mental Health Reform Act) and additional legislation relating to juvenile matters. The program was recorded for those unable to attend the training so they can see and hear at a later time what had been presented. The Comprehensive Child Welfare Conferences held at five regional sites beginning in March and ending in May 2005 not only covered issues impacting HB 1453 and SB 1003, but also addressed ASFA and other permanency issues.

## **Item 8: Reunification, guardianship, or permanent placement with relatives**

(P1.8.1) – ***Address permanency and service needs of children in Legal Status 2, 3, and 4.*** Due to vacations, scheduling conflicts and other legal responsibilities having priority, it has been difficult getting the meeting scheduled to meet with DLS regarding the service needs of children in LS 2, 3, and 4. A meeting was scheduled for July 20<sup>th</sup>, but DLS was unable to attend and the meeting rescheduled to August 17<sup>th</sup>. Jackson County staff was invited to participate in the meeting due to their large population of LS 3 children. The results of the LS 2, 3 & 4 reviews in Jackson County and the rest of the state were forwarded to DLS for review prior to the meeting. DLS would like to further research on federal regulations and to clarify the definitions in state policy before providing CD with better clarification of our responsibilities. A draft copy of a memo on worker duties related to these children is attached. The policy and protocol will be updated once clarification is received from DLS. A meeting was held with OSCA on August 9<sup>th</sup> 2005 to discuss this and other PIP items. At this time, executive staff did not believe it was necessary to revise AFCARS data for LS 2, 3, and 4 children.

(P1.8.2) – ***Establish procedures to access various funding streams.*** Refer to S2.3.4

(P1.8.3) – ***Ensure frequency and timeliness of FST Meetings occurs per policy.*** Refer to P1.7.1.

(P1.8.4) – ***Improve quality of FST to assure the review of permanency goal.*** Refer to P1.7.2.

(P1.8.5) – ***Increase collaboration with courts by providing cross training to new judiciary, court staff, CD staff and GAL's on ASFA and Permanency hearings consistent with state and federal regulations.*** Refer to P1.7.4

(P1.8.6) – ***Increase collaboration with courts by providing cross training to judiciary, court staff, GAL's and CD staff regarding roles and responsibilities.*** The Comprehensive Child Welfare Conferences held at five regional sites beginning in March and ending in May 2005 not only covered issues impacting HB 1453 and SB 1003, but also addressed ASFA and other permanency issues. See attached conference agenda.

(P1.8.7) – ***Collaborate with OSCA to explore barriers that would allow Juvenile Courts to enter temporary custody orders and transfer jurisdiction to Probate & Circuit Courts to expedite guardianship.*** All benchmarks in this action step were met during Quarter 1.

(P1.8.8) – ***Determined policy remedy to be used in addition or in lieu of any legislative change referred in P1.8.7.*** Benchmark "a" is not due in this quarter. Refer to P1.6.1 for benchmarks b-f.



## **Item 9: Adoption**

(P1.9.1) – ***Termination of Parental Rights will be filed in a timely manner, except when compelling reasons are documented.*** Attached are regional action plans received from all regions on initiating local circuit meetings with their courts to address local procedures for filing TPR petitions. A memo has been drafted to address staff responsibilities in documenting compelling reasons. Once the memo has been distributed to staff, the Professional Development and Training Unit will incorporate this policy into training.

(P1.9.2) – ***Increase number of resource families.*** Refer to P1.6.5.

(P1.9.3) – ***Increase capacity to conduct home studies and finalize adoptions.*** This is one of the three items under discussion for renegotiation for Quarter 1. Attached are award letters to contractors receiving PBC contract. Regional action plans from all regions are attached to address committing additional staff as needed.

(P1.9.4) – ***Improve access to legal representation for CD staff.*** This is one of the three items under discussion for renegotiation for Quarter 1. A joint DLS/CD memo has been draft to address how staff can access legal representation as needed. Attached to the memo is a copy of the Case Referral Form and attorney contact list.

## **Item 10: Other planned living arrangement**

(P1.10.1) – ***Increase number and quality of resource families for older youth.*** See attached meeting minutes from the June 2005, ILP Specialists meeting, which addressed foster home recruitment activities for older youth.

(P1.10.2) – ***Increase awareness of Chafee program services to staff and community members.*** The annual Youth Empowerment Conference was held on July 25-27, 2005 to provide information about Chafee services and promote youth/adult interactions and relationships. See attached agenda. A draft memo is attached advising staff to involve ILP staff in permanency planning for older youth. The ETV poster was provided to ILP staff and SYAB youth for distribution in their respective regions to high schools, colleges and local youth handouts, such as Boys and Girls clubs and YMCA, etc.

(P1.10.3) – ***Increase program accessibility to provide life skills training services for older youth.*** Quarterly meetings continue to be held with SYAB youth to illicit input and consult with them on needs of older youth. The minutes from the June 2005 meeting is attached. A draft memo is also attached advising staff to involve ILP staff in permanency planning for older youth.

<b>Permanency Outcome 2 - The continuity of family relationships and connections is preserved for children.</b>
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**Item 11: *Proximity of foster care placement.*** This item was found to be substantially achieved.

**Item 12: *Placement of Siblings***

(P2.12.1) – ***Increase the number of siblings placed together.*** Circuit Managers in each region continue to monitor quarterly PRR results. Attached are plans from regions requiring improvement.

(P2.12.2) – ***Develop an ongoing training module regarding sibling placements for staff, foster parents, and juvenile court staff.*** There are no benchmarks due for Quarter 2 in this action step or refers to P1.7.4.

(P2.12.3) – ***Increase capacity for resource families that accept sibling groups.*** Refer to P1.6.5.

**Item 13: *Visiting with Parents and Siblings in foster care.***

(P2.13.1) – ***Increase frequency and quality of parent/child and sibling visits.*** There are no benchmarks due for Quarter 2 in this action step.

**Item 14: *Preserving connections.***

(P2.14.1) – ***Increase emphasis on preserving familial and community connections for children in out of home care.*** The Children's Division recognizes the importance of preserving familial and community connections for children in care. Efforts continue in this area within St. Louis City Family-to-Family pilot, funded through the Casey Foundation. Part of the Casey Foundation business requirements for this pilot is an evaluation of the outcomes for children. To date, the Casey Foundation has not evaluated the pilot in terms of statewide implementation. On June 3, 2005, during the Family-to-Family Summit in Denver, Colorado, the Children's Division Director, Fred Simmens met with Lisa Paine-Wells, from the Casey Foundation, and formally requested an evaluation on expanding the Family-to-Family project statewide to be conducted. Casey Foundation is committed to conducting such an evaluation, but a date has yet to be scheduled.

(P2.14.2) – ***Improve diligent search for relatives/missing parents.*** Refer to P1.6.2.

(P2.14.3) – ***Revise ICWA policy.*** ICWA questions were incorporated in the CPS-1 and CD-14 tools in April 2005. Copies are attached.

**Item 15: *Relative Placement***

(P2.15.1) – ***Increase system capacity to accurately track placement kinship venter type.*** Refer to P1.6.1.

(P2.15.2) – ***Improve diligent search for relatives/kinship resource families.*** Refer to P1.6.2.

(P2.15.3) – ***Evaluate support and training provided for relative/kinship resource families.*** Refer to P1.6.7.

**Item 16: *Relationship of child in care with parents***

(P2.16.1) – ***Improve diligent search for non-custodial parent.*** Refer to P1.6.2.

(P2.16.2) – ***Improve engagement of non-custodial parents in case planning by strengthening worker/supervisor skills in engaging families in the assessment, case planning and case plan review process. Increase parent, caregiver (alternative care provider) and child involvement in case assessment, plan development and reassessment.*** Refer to S2.3.2.

<b>Well Being Outcome 1 – Families have enhanced capacity to provide for children’s needs</b>
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**Item 17: *Needs and services of child, parents, foster parents***

(WB1.17.1) – ***Improve family assessment and case plan tools to better link service provision to the needs of the bio family identified in the initial and ongoing assessments.*** Refer to S2.3.1.

(WB1.17.2) – ***Strengthen worker’s skills in engaging families in the assessment, case planning and case plan review processes to increase parent, caregiver (alternative care provider) and child involvement in case assessment, plan development and reassessment.*** Refer to S2.3.2.

(WB1.17.3) – ***Implementation of “Confirming Safe Environments” to reduce the risk for children in foster/kinship care to identify needs of child and providers.*** Refer to S1.2.2.

**Item 18: *Child and family involvement in care planning***

(WB1.18.1) – ***Maximize parental/family participation in Family Support Team Meeting.*** Refer to S2.3.2

(WB1.18.2) – ***Improve the quality of Family Support Team Meeting.*** Refer to P1.7.2.

(WB1.18.3) – ***Review and further develop a handbook, to be distributed at the point of removal, to educate parents on their rights and responsibilities, Court procedures, etc.*** No benchmarks due for this action step in Quarter 2.

**Item 19: *Worker visits with Child – Improve quantity and quality***

(WB1.19.1) – ***Develop policy addressing the quality of visits to incorporate case planning, service delivery and goal attainment.*** A Visitation Workgroup has been developed not only to address parent/child/worker visitation issues but also charged with developing policy regarding assessment of safety at and throughout placement. Attached is an explanation on the progress of the workgroup.

(WB1.19.2) – ***Increase policy compliance for frequency of worker visits for intact and out-of-home cases.*** No benchmarks are due for this action step for Quarter 2.

(WB1.19.3) – ***Tracking system to track worker visits (date/site)*** - No benchmarks are due for this action step for Quarter 2.

**Item 20: *Worker visit with parent(s)***

(WB1.20.1) – ***Strengthen worker relationships with biological or adoptive parents.*** The PRR to reflect collateral contacts required was revised in May. Copy attached.

(WB1.20.2) – ***Refer to WB1.19.1, WB1.19.2 and WB1.19.3***

<b>Well Being Outcome 2 – Children receive services to meet their educational needs</b>
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**Item 21: *Children receive appropriate services to meet their educational needs***

(WB2.21.1) – ***Improve working relationship among Children’s Division, Department of Elementary and Secondary Education (DESE) and local school districts.*** Meliny Staysa, Program Development Specialist located in Central Office has been designated the educational liaison at the state level. Attached are plans from regions requiring improvement.

(WB2.21.2) – ***Improve the flow of educational records and reports when children transfer schools.*** Regional action plans received from all regions regarding permission of custodian to access records needed for enrollment.

In April 2005 there was a discussion on how to address this benchmark. Amendment language was drafted on timely transfer of school records into residential contracts. Unfortunately this draft language did not make it into the contract amendment prior to the RFPs being mailed to treatment contractors at the end of June. Contract Management (CM) recognizes the importance of meeting benchmarks. Once they receive the signed contracts back from providers and the contracts are awarded, CM plans to amend the contracts again to not only address this PIP issue, but additional issues have arisen within the residential contract. Getting contracts to and from the residential vendor group is not an easy process, so CM would like to address all issues within one amendment. It is anticipated that all the amendments will be made, RFPs sent and awards made by the beginning of the new calendar year. Attached is a copy

of the e-mail which provides the amendment language on timely transfers of school records within a residential facility.

While the amendment to the RFP is not complete, RSM0 211.032.7 and agency policy and memo updated in August 2004 as part of CD04-79 requires that if a placement results in the child attending a different school, the child's records shall be automatically transferred within two days of notification or upon request of the foster parent, GAL, or the volunteer advocate and when possible, the child shall be allowed to continue attending the school he or she attended prior to being taken into the division's custody. As a placement provider, residential treatment facilities are required to abide by the same requirements.

(WB2.21.3) – ***Incorporated accountability measures for transfer of educational records into Residential Facility contracts.*** The risk factors for educational neglect and truancy have been incorporated into the CD-14. The CS-1 already requires staff to enter specific educational information and needs of a child. Central office staff has also researched truancy and provided a brief narrative of the findings. See attached.

(WB2.21.4) – ***Decrease the incidence of educational neglect, truancy and suspension of children for intact families.*** The risk factors for educational neglect and truancy have been incorporated into the CD-14. See attached.

#### **Item 22: *Physical health of the child***

### **Well Being Outcome 3 – Children receive adequate services to meet their physical and mental health needs**

(WB3.22.1) – ***Increase ability of Children's Division staff and families to access available dental resources.*** Dental coordinators have been assigned to each region.

(WB3.22.2) – ***Increase capacity of staff to assess medical needs of children in intact families.*** The CD-14A has been revised to include medical needs information.

#### **Item 23: *Mental health need of the child***

(WB3.23.1) – ***Increase the ability of Children's Division staff and families to access available mental health resources.*** Mental health partnerships have been established in each region. See attached documentation.

(WB3.23.2) – ***Increase awareness of staff and foster parents regarding attachment and mental health issues..*** It is CD's intent to provide training to staff and foster parents on mental health issues at minimum on an annual basis.

(WB3.23.3) – ***Increase capacity of staff to assess mental health needs of children in intact families.*** The CD-14A has been revised to include mental health needs information.

## **Systemic Factors**

**Item 24: *System can identify the status, demographic characteristics, location and goals of children in foster care.*** This item was found to be substantially achieved.

**Item 25: *Provides a process that ensures that each child has a written case plan to be developed jointly with the child's parent(s) that includes the required provisions***

(25.1) – ***Improve family assessment and case plan tools to better link service provision to the needs of the family identified in the initial and ongoing assessments.*** Refer to S2.3.1

(25.2) – ***Strengthen worker/supervisor skills in engaging families in the assessment, case planning and case plan review process to increase parent caregiver (alternative care provider) and child involvement in case assessment , plan development and reassessment.*** Refer to S2.3.2

(25.3) – ***Improve supervisory capacity to monitor practice linking the assessment with the overall plan.*** Refer to S2.3.3

(25.4) – ***Maximize parental/family involvement in Family Support Team Meetings.*** Refer to P1.6.2

(25.5) – ***Improve staff facilitation skills for Family Support Team Meetings.*** There are no benchmarks due for this action step in Quarter 2.

**Item 26: *Process for 6-month case reviews***

(26.1) – ***Revised current policy to clarify an Administrative Review and requirements.*** The benchmark due in this action step was addressed in Quarter 1's resubmission of documentation.

(26.2) – ***Recruit 3<sup>rd</sup> party participants for Administrative Reviews.*** Regions are currently working on a recruitment plan for 3<sup>rd</sup> party reviewers or in various stages of training reviewers. See attached regional action plans.

(26.3) – ***Increase ability to track 6 month Administrative Reviews separately from FSTs.*** All benchmarks due in this action steps were met in Quarter 1.

**Item 27: *Provides a process that ensures that each child in foster care under the supervision of the state has permanency hearing in a qualified court or administrative body no later than 12 months from the date the child entered foster care and no less frequently than every 12 months thereafter***

(27.1) – **Improve access to legal representation for CD.** Refer to (PI.9.4)

(27.2) – **Implement training to develop testifying skills for CD staff.** A training curriculum on testifying skills was received from NRC on Legal and Judicial Issues. A Court Event Timeline was received from OSCA. CD continues to collaborate with DLS on legal issues including assistance in designing a module on testifying skills for staff.

(27.3) – **Increase the timeliness of 12 month Permanency Hearings.** Refer to 27.2 a-e. CD staff meets with OSCA at a minimum on a quarterly basis as a member of the Juvenile Court Improvement Project Steering Committee. Additional meetings have been held to discuss multidisciplinary training needs and other collaborative efforts as needed. An annual report from OSCA is available summarizing activities during the past state fiscal year. Regional plans and protocols on improving timely court hearings are attached, as well as, a draft memo.

(27.4) – **Provide cross training to judiciary, court staff, GALs and Children's Division staff on ASFA and Permanency Hearings consistent with state and federal regulations.** Refer to P1.7.4

**Item 28: Provides a process for termination of parental rights proceedings in accordance with provisions of ASFA**

(28.1) – **Improve access to legal representation for CD.** Refer to P1.9.4

(28.2) - **Strengthen worker/supervisor skills in engaging families in the assessment, case planning and case plan review process to increase parent, caregiver(alternative care provider) and child involvement in case assessment, plan development and reassessment.** Refer to S2.3.2

(28.3) – **Termination of Parental rights will be filed in a timely manner, except when compelling reasons are documented.** Refer to P1.9.1

(28.4) – **Improve diligent search for relatives/ parents.** Refer to P1.6.2

(28.5) – **Collaborate with OSCA to amend 211.227 RSMo to ensure consistency w/ASGA requirements regarding filing of TPR petitions w/in 60 days of a judicial determination that the child is an abandoned infant, or that no Reasonable efforts are required.** There are no benchmarks due for this action step for Quarter 2.

**Item 29: Provides a process for foster parents, re-adoptive parents, and relative caregivers of children in foster care to be notified of and have an opportunity to be heard in, any review or hearing to held with respect to the child.**

(29.1) – ***Increase ability of foster parents to be notified of and heard in court.*** All consumer surveys must be revised in 2005 to meet accreditation standards. Part of the revision included adding questions to the foster parent, youth, and biological parent surveys about invitation to and opportunity to be heard in court (see draft revisions attached). Consumer survey results are reported out at beginning of each calendar year and various system changes must be made to accommodate and collect new survey questions. Because of these two issues, system changes are not scheduled to occur until January 2006.

During the Comprehensive Child Welfare Training in spring 2005, increasing the ability of foster parents to be notified and heard in court was addressed with the conference participants. A copy of the conference agenda was previously provided in P1.8.6c.

**Item 30: *Standards to assure quality services and ensure children's safety and health*** - This item was found to be substantially achieved.

**Item 31: *Identifiable QA system that evaluates the quality of services and improvements*** - This item was found to be substantially achieved.

**Item 32: *Provision of ongoing staff training that addresses the necessary skills and knowledge*** - This item was found to be substantially achieved.

**Item 33: *Ongoing training for staff***

(33.1) – ***Develop supervisory training for front line supervisors.*** An agenda for the CD Supervisory training curriculum is attached for benchmark g.

(33.2) – ***Develop advanced in-service training module for investigations and assessment.*** Professional Development and Training evaluated and revised the training for CA/N response. See attached outline.

(33.3) – ***Develop advanced in-service training module for Family-Centered Services.*** There are no benchmarks due for this action step for Quarter 2.

(33.4) – ***Develop advanced in-service training module for Family-Centered Out-of-Home Care Services.*** There are no benchmarks due for this action step for Quarter 2.

(33.5) – ***Enhanced On-The-Job (OJT) Training.*** Outlines of OJT training session I-VI are attached.

(33.6) – ***Create training advisory committee to annually assess needs and evaluate training.*** The advisory committee was scheduled to be created in March-April. A training advisory committee was created in March-April and all members have agreed to serve in this capacity. We have some great representation from our agency, including universities, juvenile court, and other community partners. However, we have not had our first advisory committee meeting to begin working on a mission statement,



etc. Originally, the training advisory committee was not scheduled in the PIP until later this year. It was purposely structured in such a way that we had a road map for training for the next 2- 3 years based on circuit self-assessment training needs, focus group feedback, the SOE, peer record reviews and, etc. However, through the various planning stages for the PIP, the advisory committee benchmarks were assigned earlier dates of completion. We are possibly premature with the benchmark dates. We believe the advisory committee would be better utilized once we had more of the new classroom and OJT training developed and implemented. Once this is underway, we can begin to get feedback from the field on what was working or not working. We believe if we assemble the advisory committee at this time, it would not be the best use of resources. We anticipate bringing the advisory committee together in the fall. By that time, we will have a clearer picture of our enhanced training structure for front line and supervisory staff. We can then utilize the professionals on the advisory committee to review and provide recommendations regarding the Children's Division Professional Development and Training program.

(33.7) – ***Develop child Abuse and Neglect Training (CA/N) Institute for CD staff.*** All benchmarks in this action step were met in Quarter 1.

(33.8) – ***Provide training based on circuit specific needs.*** All benchmarks in this action step were met in Quarter 1.

**Item 34: *Provision of training for caregivers and adoptive parents that addresses the necessary skills and knowledge.*** This item was found to be substantially achieved.

**Item 35: *Services array***

(35.1) – ***Increase access and availability to dental services.*** Refer to WB3.22.1.

(35.2) – ***Increase the ability of staff and families to access Alcohol and Drug Abuse Services (ADA).*** There are no benchmarks due for this action step in Quarter 2.

(35.3) – ***Increase availability of specialized foster homes for older youth, siblings, disabled and medically fragile children.*** Refer to P1.6.5.

(35.4) – ***Increase availability of and access to parenting classes and family/parent aide services.*** There are no benchmarks due for this action step in Quarter 2.

(35.5) – ***Increase services to meet the needs of non-English speaking consumers.*** Regional recruitment plans for developing multi/bilingual staff in circuits with identified needs attached.

(35.6) – ***Increase availability of transportation services.*** Regional action plan addressing transportation needs are attached.

**Item 36: *The services in item 35 are accessible to families and children in all political jurisdictions covered in the State's CFSP.*** See Item 35 1-6

**Item 37: *The services in item 35 can be individualized to meet the unique needs of children and families served by the agency***

**(37.1) – *Increase access to existing services.*** See item 35 1-6.

**(37.2) – *Strengthen work/supervisor skills in engaging families in the assessment, case planning and case plan review process to increase parent, care giver (alternative care provider) and child involvement in case assessment, plan development and reassessment.*** Refer to S2.3.2.

**Item 38: *Engages in ongoing consultation with critical stakeholders in developing the CFSP.*** This item was found to be substantially achieved.

**Item 39: *Develops annual progress reports in consultation with stakeholders.*** This item was found to be substantially achieved.

**Item 40 *Coordinates services with other federal programs.*** This item was found to be substantially achieved.

**Item 41: *Standards for foster family and child care institutions.*** This item was found to be substantially achieved.

**Item 42: *Standards are applied equally to all foster family and child care institutions.*** This item was found to be substantially achieved.

**Item 43: *Conducts necessary criminal background checks.*** This item was found to be substantially achieved.

**Item 44: *Diligent recruitment of foster and adoptive families that reflect children's racial and ethnic diversity***

**(44.1) – *Increase the number of resource families.*** Refer to P1.6.5.

**Item 45: *Uses cross jurisdictional resources to find placements.*** This item was found to be substantially achieved.

**MISSOURI PROGRAM IMPROVEMENT PLAN**  
**QUARTER 3 PROGRESS REPORT**  
**AUGUST – OCTOBER 2005**

**CHILDREN'S DIVISION**

**SUBMISSION DATE: NOVEMBER 29, 2005**

## Quarter 3 Accomplishments

The following is summary of activities completed during Quarter 3 (August – October 2005) of the Program Improvement Plan.

### **Safety Outcome 1: Children are, first and foremost, protected from abuse and neglect.**

#### **Item 1: Timeliness of initiating investigations of reports of child maltreatment**

(S1.1.1) – **Clarify policy regarding timeliness of initiating reports of child maltreatment.** All benchmarks in this action step were met during Quarter 1.

(S1.1.2) – **Increase accuracy of data regarding initial contact.**

a. Data system entry guidelines clarified for “initial contact”. *In August, data system entry guidelines were clarified and fields added in the SACWIS system regarding initial contact. They include the following:*

1. *Investigation/Family Assessment was initiated by the worker (Mandatory Field)*

a. **System Requirement** – System should capture Date/Time when Investigation/Family Assessment was initiated by the worker

b. **Course of Action** - New System design for FACES (Family and Children Electronic System) will allow users to capture when (Date/Time) contact has been made with key participants in the process which constitutes initiation of an Investigation/Assessment by the worker. The first occurrence of contact with a key participant will be displayed in a field marked accordingly. For example, in most instances, contact with the reporter occurs first, therefore, we would capture what date/time this contact occurred and that would accurately reflect when the Investigation/Assessment was initiated. In the situation where a reporter contact record could not be located, the system would look for contact with another key participant as defined by policy and capture what date/time it occurred.

2. *Face to face contact with the victim was first made by the worker (Mandatory Field)*

a. **System Requirement** – System should capture Date/Time when face to face contact was initially made with victim by a Children’s Division (CD) worker.

b. **Course of Action** – New System design for FACES (Family and Children Electronic System) contains a field to capture Initial Contact Date, a field to capture Initial Contact Time and a field to capture Initial Contact Made By (CD staff member or Multidisciplinary Team) **Note:** If Initial Contact Made By = Multidisciplinary Team, another row with the Initial Contact Date and Time and Initial Contact Made By will display to allow users to capture the Initial Contact Date and Time made by CD, therefore, allowing the user to capture Initial Contact Date and Time and by whom for both, Multidisciplinary Team

and CD.

3. Face to face contact was first made by multi-disciplinary team member to assure initial safety of victim (Optional Entry)
  - a. **System Requirement** – System should capture Date/Time when face to face contact was initially made with victim to assure safety by a member of a multi-disciplinary team
  - b. **Course of Action** – New System design for FACES (Family and Children Electronic System) contains a field to capture Initial Contact Date, a field to capture Initial Contact Time and a field to capture Initial Contact Made By (CD staff member or Multidisciplinary Team) **Note:** If Initial Contact Made By = Multidisciplinary Team, another row with the Initial Contact Date and Time and Initial Contact Made By will display to allow users to capture the Initial Contact Date and Time made by CD, therefore, allowing the user to capture Initial Contact Date and Time and by whom for both, Multidisciplinary Team and CD.

c. Revised Peer Record Review questions to assess accuracy of coding. To assess accuracy of coding, the PRR Protocol Rating Instructions were revised to address initial response time frames to include contact made by multi-disciplinary team members.

d. Circuit Managers and the assisting QA Specialists monitor quarterly Peer Record results and make recommendations for improvement. Circuits in each region reported that PRR results are being monitored, reviewed and discussed on a monthly or quarterly basis. For those circuits performing above the goal, they will continue with current practices. Those performing below the goal offered several strategies on improvement including:

- Corrective measures taken to ensure staff are entering data accurately regarding initial contact.
- Utilizing a CA/N log or protocol to document initial contact.
- Monitoring through case readings.
- PRR results reviewed during circuit CQI meeting.
- Provide SDM training to staff.
- Addition of a CA/N supervisor.
- Technical assistance from the QA or Children's Services Specialists on a quarterly basis.
- Investigators being required to complete the delayed contact form when contact not made timely.
- Weekly staffing with workers is held to review cases out of compliance.
- New staffing allocation and a temporary after hour rotation schedule of all workers.
- Address with staff recent policy changes to utilize multi-disciplinary team members.
- Utilizing alternative care staff to make the initial contact to ensure safety of child when no investigators are available.

(S1.1.3) – **Study feasibility for alternative protocols for managing non CA/N referral.** *Per the teleconference held on November 9, 2005, regarding the renegotiation of this action step, all benchmarks were accepted as complete.*

(S1.1.4) – **Develop improvement plan to respond timely to reports of maltreatment.** *All benchmarks in this action step have been completed.*

(S1.1.5) – **Call Management and Structured Decision Making (SDM) Protocols Implemented at the Child Abuse and Neglect Hotline Unit to provide consistent screening and classification of calls received.**

d. CANHU Supervisory Review Tool developed to assess quality. *The CANHU Supervisory Review Tool has been developed to complement the CANHU Protocol automation. At a later date, this tool will be added to the Protocol automation to enable CANHU supervisors to document their review of calls within the automated system. The automation of this tool will provide reports that will identify areas needing improvement by worker, shift, or the unit as a whole. These reports will enhance CANHU's training program and quality assurance process.*

e. CANHU Hotline protocols automated. *Memorandum CD05-40 documents the Hotline Protocols that were automated in June 2005.*

<http://dss.missouri.gov/cd/info/memos/2005/40/cd0540.pdf>

f. Added CANHU section to the Peer Record Review tool. *The attached CANHU PRR Tool has been developed as a Worker-to-Worker Peer Review tool. The tool was automated in Lotus Notes and a pilot test was completed in October 2005. The test results are currently being reviewed. This tool will be incorporated into the SACWIS automation after any recommended revisions are made. This tool was developed as an addition to the agency's PRR process.*

(S1.1.6) – **Revised policy relating to non CA/N referrals (M,P,N) given the division's need to better address its core functions and statutory mandates, with existing available resources.** *This is a new proposed action step. There are no benchmarks due during this quarter.*

## **Item 2: Repeat maltreatment**

(S1.2.1) – **Ensure consistent and accurate completion of SDM safety and risk assessment.**

d. Evaluated SDM Peer Record Review Outcome. *Each region are evaluating and ensuring consistent and accurate completion of SDM safety and risk assessment on a regular basis. Below are some of their strategies.*

- *Monitoring through case readings and PRRs.*
- *Supervisory review during monthly case reviews.*
- *Circuit Manager (CM) reviewing a random sample of cases.*

- All CA/N reports reviewed by supervisor or CM before entry into system.
- PRR results are reviewed after each review to identify trends.
- CMs monitor results on a monthly basis to identify training needs and SDM refresher training provided.
- Refresher trainings provided to supervisor.

h. As needed, provided training to circuits identified with imminent need. Circuits are reporting variable training needs for SDM ranging from no training needed at this time to training of new staff or providing refresher sessions for existing staff. Specific training needs include:

- Chief Investigator (CI) completing reports within the 30 day time frame.
- Writing a more complete narrative (more strengths or needs based).
- CI signing the risk assessment or signing on timely basis.

**(S1.2.2) & (S1.2.3) – Implementation of Confirming Safe Environments (CSE) process & Strengthen policy regarding assessment of safety at and throughout placement.**

*A decision was made by Central Office administration to discontinue the use of the CSE curriculum by Action for Child Protection. However, the division recognizes the importance of safety of children in placement. The Visitation Workgroup, formed in May 2005 consisting of Central Office and field staff, is charged with addressing safety of children during visitation and in placement. In addition, the workgroup is responsible for reviewing current visitation policy and practice. The group was asked to recommend a comprehensive overall visitation policy that addresses safety, quality, purpose, and frequency. In addressing the overall visitation policy, this group has reviewed and identified the strengths in the CSE curriculum, will develop policy and draft a protocol to include quality, case planning, service delivery and goal attainment.*

*This workgroup has drafted a Visit with Placement Provider form to assess safety in the placement. This tool is to be completed monthly by the case manager. Utilizing the Peer Review Tool to assess compliance with licensing standards, having the number of children in the home that a family is licensed and completing reassessments and visits by the licensing worker will also monitor safety in out of home placements. We had originally expected policy to be disseminated to staff in January 2006, but have recently consulted with the NRCCPS on developing a safety-across-the-board approach to our child welfare continuum, including visitation in out-of-home care. This consultation could result in a short delay in policy, but we are anticipating a February 2006 date.*

*We would like to renegotiate timeframes in action step S1.2.3 to reflect updated policy development and distribution completion dates. The revised dates are indicated in the PIP matrix as “R”.*

**(S1.2.4) – Practice Enhancement Teams (PET) assist Circuit Managers in development of improvement strategies to reduce repeat maltreatment and CA/N in foster care.**

e. Program improvement plans implemented by Circuit Managers and staff.

*Improvement plans were developed by circuits whose performance fell below the stated goal in repeat maltreatment and CA/N in foster care. A summary of the improvement plans implemented throughout the state include:*

- *Referring multiple reports of harassment to the prosecutors.*
- *More thorough assessment of M-reports to prevent subsequent reports.*
- *Family resource worker meeting with foster parents on a quarterly basis and case managers to meet twice a month to address any issues.*
- *Resource worker to provide mini-training session on a regular basis to foster parent support groups to address various aspects of maltreatment.*
- *CD-14 training to utilize strengths and identify needs of families to prevent reoccurrence.*
- *Case managers will address any blatant issues immediately with foster parents during home visits to prevent the situation from escalating.*
- *Emphasis in STARS training the hotline process and provide examples of situation that are encountered which result in CA/N reports on foster parents*
- *Circuit Manager obtains list of specific cases with repeat maltreatment and conduct case reviews to determine similarity among the cases. Based on findings of case reviews, develop an action plan.*
- *Developing Family Development plans with each foster family.*
- *Increase the pool of behavioral foster parents.*
- *Arrange monthly or quarterly support group/training meetings for foster parents.*

**(S1.2.5) – *Strength policy and practice relating to chronic neglect and accumulation of harm.***

CD is requesting to renegotiate the benchmarks in this action step. Please refer to the matrix for the revisions.

*A copy of the Title IV-E waiver application for Chronic Neglect was submitted to ACF Central Office in May 2005. ACF Central Office requested several revisions to the application in June. Due to the uncertainty of whether CD would move forward with the waiver, no additional changes were made to the application. CD will notify ACF Central Office to withdraw the application.*

*The screening tool, derived from Institute of Applied Research (IAR) findings in the “Missouri’s Alternative Response System Effectiveness”, is designed to identify “potentially chronic families” at the time a call is made at the Child Abuse/Neglect Hotline. Due to several higher priority system enhancements ahead of this project, automation of this tool has been put on hold. The screening will be done manually.*

*Although the Division maintained that IAR findings regarding chronic neglect families were significant and that early identification and intervention strategies for this segment*



*of the population had great merit, former CD Director, Frederic Simmens, was not convinced of the program's cost neutrality or the Division's ability to enter into a formal commitment to the waiver at that time. In October of 2005, the Division Director declined to re-submit the IV-E Waiver application, however gave the go ahead to pursue the pilot demonstration.*

*A conference call held on October 21, 2005, with Jasper, McDonald and Newton County, discussed strategies to implement the demonstration in the piloted sites. It was decided that Jasper, McDonald and Newton Counties would assess local caseload levels that would meet the pilot criteria, determine local resources availability and meet with key community partners to explore community involvement.*

*A teleconference on December 5<sup>th</sup> has been scheduled with Jasper, McDonald and Newton Counties to solidify specific intervention strategies to be used with families identified as chronic and identify additional training that would be needed. Screening and identification will be mirrored in Jefferson County, without the additional training or intervention strategies.*

*We request renegotiation of remaining benchmarks, revised in matrix.*

**(S1.2.6) – Develop performance-based contract for foster parents.**

b. Identified the performance based criteria required for the PFDP.

c. Informed foster parents of PFDP criteria at assessment and reassessment.

*The performance based criteria was developed with input from field staff and shared with regional director in October. While it is not an exhaustive list, it is meant to be used as a guide for staff to address with foster parents at licensure and re-licensure.*

## **Safety Outcome 2: Children are safely maintained in their homes whenever possible and appropriate.**

### **Item 3: Services to family to protect child(ren) in home and prevent removal**

**(S2.3.1) – Improve family assessment and case plan tools to better link service provision to the needs of family identified in the initial and ongoing assessments.**

e. Recommendations regarding changes made. *Three additional CD-14 training sessions have been added through January 2006. Input provided by during the training is valuable to improving the assessment process. Recommendations are incorporated into the CD-14 when appropriate.*

f. Policy issued with new documents and instructions. *Due to the additional CD-14 training sessions being added, the CD-14 packet and policy revisions is now scheduled for disseminate to staff at the end of January 2006. Updated date reflected in matrix.*

(S2.3.2) – **Strengthen worker/supervisor skills in engaging families in the assessment, case planning and case plan review process to increase parent, caregiver and child involvement.**

e. Training provided for existing staff and feedback solicited from trainees on training. One hundred eighty-three supervisors attended ten supplemental supervisor training sessions. Overwhelming feedback was positive. The supervisors believed the goals of the training were accomplished, there were good organization and coverage of the subject matter, and it met their career development plans.

(S2.3.3) – **Improve supervisory capacity to monitor enhanced practice relating to case planning.**

b. Created draft standardized supervisory case review tool.

c. Supervisory case review tool field tested by selected supervisors. September 2005, the SCRT was tested by the select group of supervisors. Based on their recommendations it was revised again in October. On November 3<sup>d</sup> recommendations from the University of Missouri-Columbia and NRC-CPS were incorporated and re-sent to the select supervisors for review.

(S2.3.4) – **Establish procedures to access various service funding streams.**

a. Developed service access funding grid and guidelines.

b. Distributed service access funding grid and guidelines to all staff. A grid has been developed and currently undergoing revisions due to the changes related to SB 539 regarding the sweeping Medicaid reform. Once the revisions are made, the two sections of the Division of Medical Services (Managed Care and Fee for Service) will review and approve the changes. We anticipate dissemination of the grid to staff by the end of January 2006.

(S2.3.5) – **Per new legislation, develop comprehensive children's mental health plan to increase level of cooperation between court, mental health, child welfare and families.** All benchmarks in this action step have been completed.

#### **Item 4: Risk of harm to child**

(S2.4.1) – **Ensure consistent and accurate completion of SDM safety and assessment.** Refer to S1.2.1.

(S2.4.2) – **Implementation of CSE process.** Refer to S1.2.2.

(S2.4.3) – **Implement enhance background screening for foster/adopt and court ordered providers.** During this quarter there no policy updates on enhancing background screening for foster/kinship and court ordered providers.

(S2.4.4) – **Development of “Culture of Care Initiative” for improving safety and nurturance of children in a residential care setting.** All benchmarks in this action step were accomplished during Quarter 1. Quarterly monitoring of Preponderance of Evidence reports indicates that three were received by residential treatment facilities during this quarter. In a review by the State Supervisor, Fred Proebsting, he reported that instead of one (1) POE report in the first Quarter (1-1-05 to 3-31-05) there were four (4) POE reports. There was actually a drop in number [respectively three (3) in the second and third quarters].

(S2.4.5) – **Improve family assessment and case plan tools to better link service provision to the needs of the family identified in the initial and ongoing assessments; include a mechanism for family self-assessment and identified areas specifically related to child safety and risk concerns.** Refer to S2.3.1.

### **Permanency Outcome 1: Children have permanency and stability in their living situations.**

**Item 5: Foster care re-entries.** *This item was found to be substantially achieved.*

**Item 6: Stability of foster care placement**

(P1.6.1) – **Increase system capacity to accurately track placement kinship vendor types.**

c. Policy updated and distributed to CD staff. CD Memorandum CD05-57 documents the new ACTS and Vendor codes. It was disseminated to staff in September 2005. <http://dssweb/cs/memos/2005/57/cd0557.pdf>

(P1.6.2) – **Improve diligent search for relatives/missing parents.** All benchmarks in this action step have been completed.

(P1.6.3) – **Expand use of family support team meetings to promote stability in alternative care placements.** All benchmarks in this action step have been completed.

(P1.6.4) – **Identify resource family types and shortages.** All benchmarks in this action step have been completed.

(P1.6.5) – **Increase number of resource families.**

e. PBC Case Management Services began. In September 2005, over 1,900 children in out of home care were assigned to contractors to be served under the PBC contract.

(P1.6.6) – **Increase placement stability by improving matching capabilities for children in out-of-home setting.** There are no benchmarks due during Quarter 3 for this action step.

(P1.6.7) – **Evaluate support and training provided for relative/kinship resource families.** *There are no benchmarks due during Quarter 3 for this action step.*

#### **Item 7: Permanency goal for child**

(P1.7.1) – **Ensure the frequency and timeliness of FST Meetings occurs per policy.** *Regional action plans received from all regions outlining improvement plans or providing data on their performance.*

a. Circuit Managers assisted by PET monitored frequency data. *Each region provided information regarding how they are monitoring frequency and timeliness of Family Support Team (FST) meetings. A summary of their information include:*

- *Meeting this benchmark timely.*
- *Meeting this benchmark timely, but not always updated in the Legacy system timely. Circuit managers or supervisors are requiring workers to update the FST on the same day by developing a listing of the FSTs; training on entering data accurately; e-mailing their supervisor once the FSTs has concluded and updates entered; increased supervisory monitoring of system entries; and using clerical staff to assist in timely entries .*
- *In order to ensure FSTs are held on a timely basis, circuits keep a log of upcoming meetings and notifies the workers in advance so meetings can be timely. Designating FST days each month.*
- *QA Specialists speaking at supervisor meetings to stress importance of a day monthly to clean up data.*

(P1.7.2) – **Improve quality of FSTs to ensure permanency goal is reviewed and established.**

g. Trained expert facilitators.

h. Memo describing expert facilitator access protocol and expert facilitator duties distributed to all staff. *St. Louis County scheduled September 8, 2005 to provide advanced facilitation training for their Social Work Specialists using contractors from an outside agency. The meeting was held, but instead of being a training session, it was more of a consultation with the specialists to help the contractors to determine what St. Louis County's needs were on facilitation. The outcome of the meeting was related to improving quality of FSTs. St. Louis County has been working with another contracted trainer to schedule and provide this training in January 2006. Once the training has been completed, a memo will be written and distributed to staff. Revised dates reflected in the matrix.*

(P1.7.3) – **Strengthen policy and practice relating to concurrent planning.** *Benchmarks in this action step are not due this quarter or were previously met.*

(P1.7.4) – **Increase collaboration with courts by providing cross training to judiciary, court staff, GALs and CD staff on ASFA & permanency hearings consistent with state and federal regulations.**

f. Training implemented by CD/OSCA to include concurrent planning training.

*From the onset of the partnership between the Children's Division and Judicial Education, the goal of multi-disciplinary training has been to enhance the ability to have high-quality statewide consistency, understanding, and implementation of laws, policies, and procedures among court and children's division personnel. In the findings of the Comprehensive Child Welfare Conference evaluation report, the Institute of Public Policy suggested the following list of items be considered when developing multi-disciplinary programs in the future:*

- *Address the strained relationships through circuit training with teams composed of Juvenile Officers, Children's Division employees and judges.*
- *Institute circuit-level interventions for three to five circuits each year. Team process sessions followed by a few observations by an outside evaluator.*
- *Plenary session on how team functioning can be improved by developing expectations for a team and defining how the process will occur.*
- *Participants strongly prefer regional conferences for multi-disciplinary training.*
- *Participants indicated roundtables and smaller teams with more time allowed for intra-circuit discussions. Breakout rooms would be helpful for conversations.*
- *Increase the time allowed for cross circuit interactions.*

*In response to the report, Judicial Education proposes the following multi-disciplinary programming for fiscal year '06.*

***Teamwork, Collaboration and Communication Pilot Program*** -This program will begin to address the strained relationships that exist between local court personnel and children's division personnel by piloting a program for six circuits across Missouri that will focus on teamwork, collaboration and communication.

***Courtroom Skills*** – Includes preparation for court, professionalism in the courtroom, testifying in court, and legal terminology. Currently, JDE provides Courtroom Skills training as part of the training standards to all Juvenile Officers. This program would be expanded to include Children's Division personnel.

***Concurrent Planning*** – Effective concurrent planning requires that not only an alternative plan be identified but also active efforts be made toward both plans simultaneously with the full knowledge of all case participants.

**Item 8: Reunification, guardianship, or permanent placement with relatives**

**(P1.8.1) – Address permanency and service needs of children in Legal Status 2, 3, and 4.**

g. Caseload analysis (comparison to LS1) completed Legal status 2,3, and 4. *The analysis of LS 2, 3 & 4 cases has been occurring since the case reviews were done earlier this year. Based on the reviews, the majority of children in LS 3 resided in Jackson County. At the time of the review, as of January 31, 2005, Jackson County*

*had 550 children in LS 3. There were 42 children in LS 3 for the rest of the state. As of October 31, 2005, Jackson's numbers decreased to 454 and the rest of the state had a total of 13 children in LS 3.*

*Ten percent of the LS 3 cases were pulled in Jackson County and 2 rural counties. The reviews of the 2 rural counties resulted in the cases being accurately identified and their legal status corrected. A decision was made to review all the rural county cases. Many cases were identified as having the wrong legal status and they were updated correctly.*

*The decrease in numbers for Jackson County are attributed to steps they have implemented to address the children in LS 3. They have begun training for relative and kinship providers to complete either STARS or STARS Caregiver Who Knows the Child. Each quarter they receive a listing of children still in LS 3. The goal and length of time in LS 3 are reviewed, as well as, any PPRT/Court overdues. The cases are reviewed by their Program Manager. Jackson County has planned a targeted review for those cases in order to get their numbers down. They also recently transferred 90 LS 3 cases to their contractors. Those cases are expected to achieve permanency within a year.*

*A policy memorandum will be distributed to staff soon which addresses kinship placements. The memo will instruct staff that court ordered placements with relative or non-relative are no longer a placement option. Those cases which currently fit those categories will need to be updated to meet the new policy. Jackson County anticipates this will only leave 27 LS 3 cases in-house and the 90 with contracts.*

*h. Incorporated Legal status 2, 3, and 4 cases into established Peer Record Review process. We began sampling Legal Status 2, 3, and 4 cases in October 2005. LS 2, 3, and 4 data will be included in the December 2005 results.*

**(P1.8.2) – Establish procedures to access various funding streams.** Refer to S2.3.4

**(P1.8.3) – Ensure frequency and timeliness of FST Meetings occurs per policy.** Refer to P1.7.1.

**(P1.8.4) – Improve quality of FST to assure the review of permanency goal.** Refer to P1.7.2.

**(P1.8.5) – Increase collaboration with courts by providing cross training to new judiciary, court staff, CD staff and GAL's on ASFA and Permanency hearings consistent with state and federal regulations.** Refer to P1.7.4.

**(P1.8.6) – Increase collaboration with courts by providing cross training to judiciary, court staff, GAL's and CD staff regarding roles and responsibilities.** All benchmarks have been completed for this action step.

(P1.8.7) – **Collaborate with OSCA to explore barriers that would allow Juvenile Courts to enter temporary custody orders and transfer jurisdiction to Probate & Circuit Courts to expedite guardianship.** All benchmarks have been completed for this action step.

(P1.8.8) – **Determined policy remedy to be used in addition or in lieu of any legislative change referred in P1.8.7.**

a. Each circuit determined strategies with their court to expedite guardianship for children placed with relatives in CD custody. Strategies that circuits have implemented are summarized as follow:

- Working with the courts at initial removal, during the initial 72 hour FST or throughout the case to determine potential guardian placements.
- Recognizing that guardianships are not occurring and engaging the juvenile office to transfer more cases to Probate court.
- Developing lists of possible attorneys for families to contact for legal assistance.
- Communication between the Juvenile and Probate courts are good and guardianships are occurring regularly.
- Judges releasing juvenile cases as soon as guardianship is granted.

## **Item 9: Adoption**

(P1.9.1) – **Termination of Parental Rights will be filed in a timely manner, except when compelling reasons are documented.**

c. Develop policy for supervisor and staff responsibilities in documenting compelling reasons for not filing TPR.

d. Incorporated into BASIC training.

e. Policy disseminated to staff and supervisory oversight. A draft memo was developed in July. However due to other memos and policy changes taking priority because of legislative mandates, this memo and policy updates will be ready for distribution by the end of December 2005. Once the memo has been disseminated to staff, the Staff Development and Training Unit will incorporate changes into BASIC for new staff. Supervisory oversight or consultation will be provided to existing staff. Revised dates are indicated in the matrix.

(P1.9.2) – **Increase number of resource families.** Refer to P1.6.5.

(P1.9.3) – **Increase capacity to conduct home studies and finalize adoptions.** All benchmarks have been completed for this action step.

(P1.9.4) – **Improve access to legal representation for CD staff.**

f. The joint DLS/CD memo on legal representation was distributed to staff in September 2005. Included in the memo is the Case Referral protocol and attorney assignments by region. See attached.

**Item 10: Other planned living arrangement**

(P1.10.1) – **Increase number and quality of resource families for older youth.**

h. Incorporated Ready, Set, Fly curriculum and Chafee video into foster parent training. The Ready, Set, Fly curriculum has been part of foster parent in-service training since February 2004. The “What’s It All About” video was introduced to staff in September 2004. Staff was provided instruction on how to request copies of the video. The two memos are linked as follow: <http://dss.missouri.gov/cd/info/memos/2004/6/cd0406.pdf>  
<http://dss.missouri.gov/cd/info/memos/2004/82/cd0482.pdf>

(P1.10.2) – **Increase awareness of Chafee program services to staff and community members.** All benchmarks have been completed for this action step.

(P1.10.3) – **Increase program accessibility to provide life skills training services for older youth.**

f. CD memo written and disseminated to staff involving ILP staff in the case planning process for older youth and referring age appropriate youth for Chafee services. A draft version of this memo was submitted in Quarter 2. The following link provides the final memo. <http://dss.missouri.gov/cd/info/memos/2005/53/cd0553.pdf>  
Quarterly meetings continue with the State Youth Advisory Board to address older youth needs.

**Permanency Outcome 2 - The continuity of family relationships and connections is preserved for children.**

**Item 11: Proximity of foster care placement.** This item was found to be substantially achieved.

**Item 12: Placement of Siblings.**

(P2.12.1) – **Increase the number of siblings placed together.**

c. Circuit Managers monitored quarterly PRR results and improvement plans developed. Circuits continue to make diligent efforts to keep siblings placed together. If not, effort is made to keep siblings in close proximity to one another and visits are readily available. Exceptions would include: A large sibling group, sibling(s) needing residential treatment or placement together is contrary to a sibling's safety or well being, i.e. a sibling being the perpetrator.

(P2.12.3) – **Increase capacity for resource families that accept sibling groups.**  
Refer to P1.6.5.

**Item 13: Visiting with Parents and Siblings in foster care.**



**(P2.13.1) – Increase frequency and quality of parent/child and sibling visits.**

*The Visitation Workgroup, formed in May 2005 consisting of Central Office and field staff, is charged with addressing safety of children during visitation and in placement. In addition, the workgroup is responsible for reviewing current visitation policy and practice. The group was asked to recommend a comprehensive overall visitation policy that addresses safety, quality, purpose, and frequency.*

*We would like to renegotiate timeframes in this action step to reflect an updated completion date. The revised dates are indicated in the PIP matrix as “R”.*

**Item 14: Preserving connections.**

**(P2.14.1) – Increase emphasis on preserving familial and community connections for children in out of home care.**

*We expect to receive the final administrative data report from George Warren Brown School of Social Work at Washington University after the first of the year. This report will not address the applicability of statewide implementation. St. Louis City CD staff will develop an annual progress report for the Casey Foundation. It will address planning for implementation of Family to Family and integration of the Family to Family community child protection work. The Casey Foundation stresses self-evaluation by using data to guide practice and policy. In December, the Interim Director, Paula Neese will schedule a meeting with staff from the Casey Foundation to discuss the possibility of expanding the pilot to another site and to look at what strategies of Family to Family can be replicated for statewide use. We would like to renegotiate this action step in December.*

**(P2.14.2) – Improve diligent search for relatives/missing parents. Refer to P1.6.2.**

**(P2.14.3) – Revise ICWA policy.**

c. Newly revised intake and assessment disseminated to all CD staff. *We anticipate the CD-14 packet memo and policy revisions to be completed and disseminated to staff in December 2005.*

d. Add ICWA question to Peer Record Review tool. *In March 2005 an ICWA question “If the child is Native American, the ICWA requirements were followed” was added to the PRR.*

e. Establish a baseline for ICWA for Peer Review. *In June 2005 we were able to gather the first quarter worth of data therefore establishing a baseline for this measure.*

**Item 15: Relative Placement.**

(P2.15.1) – ***Increase system capacity to accurately track placement kinship vendor type. Refer to P1.6.1.***

(P2.15.2) – ***Improve diligent search for relatives/kinship resource families. Refer to P1.6.2.***

(P2.15.3) – ***Evaluate support and training provided for relative/kinship resource families. Refer to P1.6.7.***

**Item 16: *Relationship of child in care with parents.***

(P2.16.1) – ***Improve diligent search for non-custodial parent. Refer to P1.6.2.***

(P2.16.2) – ***Improve engagement of non-custodial parents in case planning by strengthening worker/supervisor skills in engaging families in the assessment, case planning and case plan review process. Increase parent, caregiver (alternative care provider) and child involvement in case assessment, plan development and reassessment. Refer to S2.3.2.***

<b>Well Being Outcome 1 – Families have enhanced capacity to provide for children’s needs</b>
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**Item 17: *Needs and services of child, parents, and foster parents.***

(WB1.17.1) – ***Improve family assessment and case plan tools to better link service provision to the needs of the bio family identified in the initial and ongoing assessments. Refer to S2.3.1.***

(WB1.17.2) – ***Strengthen worker’s skills in engaging families in the assessment, case planning and case plan review processes to increase parent, caregiver (alternative care provider) and child involvement in case assessment, plan development and reassessment. Refer to S2.3.2.***

(WB1.17.3) – ***Implementation of “Confirming Safe Environments” to reduce the risk for children in foster/kinship care to identify needs of child and providers. Refer to S1.2.2.***

**Item 18: *Child and family involvement in care planning***

(WB1.18.1) – ***Maximize parental/family participation in Family Support Team Meeting. Refer to S2.3.2.***

g. Established a protocol for accessing division staff outside of regular working hours. It is not feasible to develop one protocol for statewide use due to statutory requirements of FST participants and their availability. Therefore circuits are flexible in scheduling FST’s on days and times as preferred by the families and team members.

(WB1.18.2) – ***Improve the quality of Family Support Team Meeting. Refer to P1.7.2.***

(WB1.18.3) – ***Review and further develop a handbook, to be distributed at the point of removal, to educate parents on their rights and responsibilities, Court procedures, etc.***

a. Collected parent handbooks used by various circuits. *Handbooks and packets that are distributed by various circuits and other states were collected from May through August 2005.*

b. Convened a work group to evaluate parent handbooks. *A workgroup was convened to evaluate the handbooks and develop a universal handbook to be used by CD staff. The workgroup held their first meeting on September 20, 2005 and was given assignments to review their assigned handbooks and develop suggestions on what they would like to have included in the universal handbook. The group met again on October 25, 2005 to begin developing the universal handbook.*

**Item 19: Worker visits with Child – Improve quantity and quality**

(WB1.19.1) – ***Develop policy addressing the quality of visits to incorporate case planning, service delivery and goal attainment.***

c. Team developed policy on visitation and draft protocol regarding quality of visits.

d. Recommendation reviewed by policy review team and executive staff.

e. Policy disseminated to staff.

f. Utilize Practice Enhancement Teams (PET) to support protocols. *This workgroup has drafted a Visit with Placement Provider form to assess safety in the placement. This tool is to be completed monthly by the case manager. Utilizing the Peer Review Tool to assess compliance with licensing standards, having the number of children in the home that a family is licensed and completing reassessments and visits by the licensing worker will also monitor safety in out of home placements. We had originally expected policy to be disseminated to staff in January 2006, but have recently consulted with the NRCCPS on developing a safety-across-the-board approach to our child welfare continuum, including visitation in out-of-home care. This consultation could result in a short delay in policy. We are now anticipating a March 2006 date.*

WB1.19.2) – ***Increase policy compliance for frequency of worker visits for intact and out-of-home cases.***

a. Achieved progress in caseload equalization by developing quarterly circuit workload reports. *The following are the primary steps taken by circuit staff to address this benchmark.*

- *Supervisors developed workload reports to address evenly distributing cases to enable workers to make quality visits per policy.*

- Supervisors meet routinely with Circuit Managers to review and discuss caseloads.
- Workers provide current case load listings to supervisor on current activities.

b. Circuit Managers monitored the frequency of worker visits through the PRR.

c. Circuit Managers assisted by PET to develop practice improvement plans. PRR results indicate performance is above the goal statewide. For those circuits whose performance falls below the goal, their improvement strategies include:

- The use of the monthly workload report and development of a monthly checklist to be used during individual case conferences with workers.
- Piloting the Supervisory Case Review tool to monitor staff compliance on visitation.
- Supervisory case review of worker monthly stats sheet.
- Workgroup developed to address visitation providing recommendations including the utilization of community aides to supervised visits and narrative recording.
- Using a check-off list developed to track visits or contacts made during the month. Cases and check off lists are reviewed during weekly or bi-monthly case load conferences.

(WB1.19.3) – **Tracking system to track worker visits (date/site)** - No benchmarks were due for this action step in Quarter 3.

#### **Item 20: Worker visit with parent(s)**

(WB1.20.1) – **Strengthen worker relationships with biological or adoptive parents.**

a. Protocols established in WB19.1.c included in adoptive parent training. This benchmark is tied to the work of the Visitation Workgroup. Please refer to WB1.19.1c. Once the protocol and policy has been disseminated to staff, Staff Training and Development will review the protocol and the Spaulding curriculum to determine where best to integrate the protocol. We anticipate completed this benchmark by March 2006. Revision date is reflect in the matrix.

(WB1.20.2) – **Refer to WB1.19.1, WB1.19.2 and WB1.19.3**

### **Well Being Outcome 2 – Children receive services to meet their educational needs**

#### **Item 21: Children receive appropriate services to meet their educational needs**

WB2.21.1) – **Improve working relationship among Children’s Division, Department of Elementary and Secondary Education (DESE) and local school districts.**

e. Children’s Division Administration partnered with DESE to address identified barriers at State level.

*CD has been working on several issues with DESE to better meet the needs of Missouri's children. The first issue focused on arranging for the child to continue attending the same school after being placed in CD custody. The second issue is devoted to referring toddlers to DESE's First Steps program. See below:*

*1. Children's Division has consulted with the Department of Elementary and Secondary Education (DESE) to establish necessary procedures to implement the following statute:*

*"Upon request of foster family, the guardian ad litem, or the volunteer advocate and whenever possible, the child shall be permitted to continue to attend the same school that the child was enrolled in and attending at the time the child was taken into custody by the division." (211.032.7(2) RSMo). When possible, with the best interest of the child in mind, during the 24/72 hour Family Support Team (FST), meeting, the team should discuss arranging the child to continue to attend the same school. Distance from original school may be a factor in recommending such arrangements. Based on location of the foster family, the school district may be able to provide transportation. DESE provided some options for the team to consider, including:*

- 1. The school bus of the foster child's home district travels to the home of the foster parent to pick up the child. These miles would be considered eligible miles for the school district to include in their allowable cost for state aid;*
- 2. The foster parent provides transportation and receives reimbursement for mileage from the school district. School districts can include this as an allowable cost for state aid;*
- 3. The foster parent meets the school bus at the boundary line of the school district. Please note that school districts may or may not provide mileage reimbursement;*
- 4. The school district contracts with an individual, besides the foster parent, to transport the child to their home school district. This would be an allowable cost for state aid for school districts; or*
- 5. The foster parent provides transportation with no reimbursement for mileage from the school district.*

*When it is determined to be in the child's best interest, the Foster Parent should enroll the child in their new school. It is the responsibility of the new school to request the transfer of records from the old school, pursuant to Section 167.022, RSMo., within two business days.*

*Secondly, we recognize that a large proportion of abused/neglected children under age three have health and developmental problems, and that early identification of these children through enhanced interdisciplinary collaborative efforts between the Children's Division and the First Steps Program will facilitate early intervention for children who qualify.*

*A new policy is due to be implemented in December 2005 that explains procedural responsibilities for local county staff regarding the referral process; provides instruction for use of the First Steps Cover Letter (Form CS-21c); links the worker to the Missouri*

*First Steps Early Intervention System website and referral form (reference website - [http://www.dese.mo.gov/divspeced/FirstSteps/SPOEmap\\_regions\\_contact.html](http://www.dese.mo.gov/divspeced/FirstSteps/SPOEmap_regions_contact.html)); and reminds staff of HIPAA disclosure tracking requirements.*

**(WB2.21.2) – Improve the flow of educational records and reports when children transfer schools.**

b. Incorporated accountability measure for transfer of educational records into Residential facility contracts. *The Contract Management Unit of the Family Support Division anticipates sending out contract amendments to residential treatment and transitional living providers in January 2006. A revised date is reflected in the matrix.*

**(WB2.21.3) – Decrease the incidence of educational neglect, truancy and suspension of children in care.**

c. Distribute Youth Training Video for teacher in-service training. *There are 528 school districts in Missouri. CD ran out of the videos and reordered. CD had been working with DESE to reproduce and distribute the video. On November 10, a letter was signed by the Interim Director to introduce and distribute the video to all school district and county offices. Each district received a copy of the “What’s It All About Video”, which they may reproduce.*

d. Protocol developed for accessing early interventions for students at risk for educational neglect, truancy and suspension.

e. Protocol developed for children expelled due to the Safe School Act. *A policy memorandum has been drafted to address education support and intervention for students at risk of academic failure from the conducted research. Changes to the education section of the Child Assessment and Service Plan (CS-1) form and instruction have also been made. The draft policy and cover letter are currently undergoing administrative approval.*

**(WB2.21.4) – Decrease the incidence of educational neglect, truancy and suspension of children for intact families.**

c. Distribute Youth Training Video for teacher in-service training. *There are 528 school districts in Missouri. Each district will receive a copy of the “What’s It All About Video”, which they may reproduce. However CD ran out of the videos and had to reorder. CD had been working with DESE to reproduce and distribute the video. On November 10, a letter was signed by the Interim Director to introduce and distribute the video to all school district and county offices.*

d. Protocol developed for accessing early interventions for students at risk for educational neglect, truancy and suspension.

e. Protocol developed for children expelled due to the Safe School Act. *A policy memorandum has been drafted to address education support and intervention for*

students at risk of academic failure. It will be ready to be disseminated to staff in January 2006.

### **Well Being Outcome 3 – Children receive adequate services to meet their physical and mental health needs**

#### **Item 22: *Physical health of the child***

(WB3.22.1) – ***Increase ability of Children's Division staff and families to access available dental resources.***

c. Notified dental providers of regional dental coordinators. All regions reported letters were sent to providers.

d. In partnership with Division of Medical Services (DMS) assessed and developed plan to reduce administrative burden on Medicaid providers.

#### **MISSOURI MEDICAID PLAN FOR IMPROVING ACCESS TO ORAL HEALTH**

- Dental fees have been increased for the past four fiscal years effective in July of each of these years: 1998, 1999, 2000, and 2002. The division's goal is to continue increasing rates up to an average of 75% of usual and customary reimbursement, subject to budget appropriations.
- Missouri Medicaid accepts both paper and electronic claims from dentists. Dental claims may be filed via the Internet. Missouri accepts the ADA 2000 claim form.
- Claims processing has been streamlined to reduce administrative burden for dentists. System edits have been redesigned to process claims more rapidly. On average, dental claims are processed in less than 3 days, with payments issued to providers twice monthly.
- The prior authorization requirement has been discontinued for many procedures, and providers no longer are required to submit records when billing for procedures such as replacement dentures.
- Provider communication specialists and education representatives are available to assist dentists with claims filing questions. Claim filing seminars are conducted periodically throughout the state for outreach to new providers, to provide training to billers and to update providers about policy changes.
- Recipient eligibility may be verified in a number of ways: Via the Internet, by telephone via an interactive voice response system, and through a point of service terminal and a single line phone jack.
- Provider manuals are on the division's website at [www.dss.mo.gov/dms](http://www.dss.mo.gov/dms).
- Notices were mailed to all Missouri licensed dentists announcing rate increases and program improvements and inviting dentists to enroll. Division staff conducted telephone recruitment campaigns in an effort to recruit new providers.

- *The Missouri Dental Association has periodically published articles about program improvements in their newsletters to members encouraging them to accept Medicaid.*
- *Upon enrollment, dentists may request that their name not be published on the provider listing so that they may have better control over the number of patients seen in their practice.*
- *Dentists may report missed appointments to the Division by reporting a non reimbursable cost on the dental claim form (DNKAS: did not keep appointment as scheduled). The Division used this information to educate recipients on the importance of keeping scheduled appointments or canceling in advance when the appointment cannot be kept.*
- *The Division operates a managed care program in 37 of Missouri's 115 counties. Contracts with health plans ensure access to dental care for members. The Division conducts a wide variety of contract compliance reviews and collects data from health plans to ensure appropriate access to all types of care including dental.*
- *The Division works in partnership with the Missouri Primary Care Association in an effort to increase oral health care access through federally qualified health centers and a portion of Missouri's tobacco settlement is earmarked for these oral health initiatives.*

e. Completed assessment regarding Dental Van program expansion. *Please see attached dental van information.*

**(WB3.22.2) – Increase capacity of staff to assess medical needs of children in intact families.**

b. Issued revised form and policy. *The CD-14 packet is scheduled to be distributed to staff in December 2005.*

c. Existing staff training in Assessment Service Planning using CD-14 as tool statewide. *Due to additional requests for this training, three additional sessions have been added through January 2006.*

**Item 23: Mental health need of the child**

**(WB3.23.1) – Increase the ability of Children's Division staff and families to access available mental health resources.**

e. In partnership with Division of Medical Services (DMS) assessed and developed plan to reduce administrative burden on Medicaid providers. *In consultation with DMS, CD was advised that Missouri Medicaid issued a notice to providers regarding claims processing enhancements. Providers were advised paper claims, paper adjustments and paper attachments would be eliminated beginning July 1, 2005. Moving towards a paperless system is more efficient. If providers do not complete the form accurately, the on-line version will not allow the form to be submitted. Providers can learn almost immediately if their requests have been accepted or denied.*



*Enhancements to the Internet health care claim screens on the Medicaid website at [www.emomed.com](http://www.emomed.com) will provide for the submission of additional claim and attachment information. Providers were notified by bulletins throughout the phase-in process. Providers could monitor bulletins on the Division of Medical Services' website at [www.dss.mo.gov/dms](http://www.dss.mo.gov/dms) for specific program information. Upon completion of all enhancements to the electronic billing processes, providers must be prepared to use a clearinghouse, billing agent or the Medicaid website at [www.emomed.com](http://www.emomed.com) for all claims submission. Attachment requirements were eliminated for some psychology codes. The bulletin may be viewed at the following site:  
[http://www.dss.mo.gov/dms/bulletins/bulletin27-23\\_2005jul1.pdf](http://www.dss.mo.gov/dms/bulletins/bulletin27-23_2005jul1.pdf)*

**(WB3.23.2) – Increase awareness of staff and foster parents regarding attachment and mental health issues.**

*b. Increased the number of staff and foster parents trained on Working with the Explosive Child.*

*c. Increased the number of staff and foster parents trained on Grief and Loss. Training on attachment issues, Grief and Loss, Working with the Explosive Child and other mental health issues have been made available to foster parents and staff as in – service modules from STATS, or as separate trainings through the contracted provider and community mental health partners.*

**(WB3.23.3) – Increase capacity of staff to assess mental health needs of children in intact families.** *There are no benchmarks due for 3<sup>rd</sup> quarter.*

## **Systemic Factors**

**Item 24: System can identify the status, demographic characteristics, location and goals of children in foster care.** *This item was found to be substantially achieved.*

**Item 25: Provides a process that ensures that each child has a written case plan to be developed jointly with the child's parent(s) that includes the required provisions**

**(25.1) – Improve family assessment and case plan tools to better link service provision to the needs of the family identified in the initial and ongoing assessments.** *Refer to S2.3.1.*

**(25.2) – Strengthen worker/supervisor skills in engaging families in the assessment, case planning and case plan review process to increase parent caregiver (alternative care provider) and child involvement in case assessment , plan development and reassessment.** *Refer to S2.3.2.*

**(25.3) – Improve supervisory capacity to monitor practice linking the assessment with the overall plan.** *Refer to S2.3.3.*

(25.4) – **Maximize parental/family involvement in Family Support Team Meetings.** *Refer to P1.6.2.*

(25.5) – **Improve staff facilitation skills for Family Support Team Meetings.** *There are no benchmarks due for this action step in Quarter 3.*

**Item 26: Process for 6-month case reviews**

(26.1) – **Revised current policy to clarify an Administrative Review and requirements.** *All benchmarks in this action step have been completed.*

(26.2) – **Recruit 3<sup>rd</sup> party participants for Administrative Reviews.**

a. Circuit Managers recruited and trained a pool of qualified volunteers to participate in six month administrative review.

b. Circuit Managers scheduled and assigned individual reviews to cases. *All regions with the exception of St. Louis County have recruited, provided training for and began utilizing 3<sup>rd</sup> party participants. A St. Louis County PET has met and proposed a recruitment plan. The PET team issued a survey in early October to collect input from all staff on names of potential 3<sup>rd</sup> party reviewers. The team met on October 11<sup>th</sup> and on November 22, 2005. A list of potential objective 3<sup>rd</sup> party reviewers has been created and shared with team members. A plan will be solidified in organizing training of and use of reviewers and then schedule them for training in January 2006. Once training is completed, these reviewers will participate in the six month review process. Renegotiation dates are reflected in the matrix.*

(26.3) – **Increase ability to track 6 month Administrative Reviews separately from FSTs.** *All benchmarks have been completed in this action step.*

**Item 27: Provides a process that ensures that each child in foster care under the supervision of the state has permanency hearing in a qualified court or administrative body no later than 12 months from the date the child entered foster care and no less frequently than every 12 months thereafter.**

(27.1) – **Improve access to legal representation for CD.** *Refer to Pl.9.4.*

(27.2) – **Implement training to develop testifying skills for CD staff.**

c. Based on evaluation and technical assistance, curriculum modified. *The Professional Development & Training (PD & T) Unit obtained TA from DLS, NRC and OSCA. Mark Gutchen, Deputy Director for DLS attended and observed the testifying skills portion of the agency Child Welfare Practice Basic Orientation. Mr. Gutchen indicated the training content and skills practice provided a good, practical hands on approach to testifying and approved of the content and method of delivery. In addition, the PD & T Unit consulted with NRC and OSCA on testifying skills for staff. NRC and*

OSCA provided written material that was considered in the review of testifying skills contained in Basic Orientation. Currently, there are no plans to modify the curriculum.

**(27.3) – Increase the timeliness of 12 month Permanency Hearings.**

j. Incorporated new policy into BASIS and OJT training for existing staff. *The FST memorandum and policy were revised in July 2005, however it has not been distributed to staff. We anticipate disseminating this and many other memos by January 2006.*

**(27.4) – Provide cross training to judiciary, court staff, GALs and Children's Division staff on ASFA and Permanency Hearings consistent with state and federal regulations. Refer to P1.7.4.**

**Item 28: Provides a process for termination of parental rights proceedings in accordance with provisions of ASFA.**

**(28.1) – Improve access to legal representation for CD. Refer to P1.9.4.**

**(28.2) - Strengthen worker/supervisor skills in engaging families in the assessment, case planning and case plan review process to increase parent, caregiver(alternative care provider) and child involvement in case assessment, plan development and reassessment. Refer to S2.3.2.**

**(28.3) – Termination of Parental rights will be filed in a timely manner, except when compelling reasons are documented. Refer to P1.9.1.**

**(28.4) – Improve diligent search for relatives/ parents. Refer to P1.6.2.**

**(28.5) – Collaborate with OSCA to amend 211.227 RSMo to ensure consistency w/ASGA requirements regarding filing of TPR petitions w/in 60 days of a judicial determination that the child is an abandoned infant, or that no Reasonable efforts are required.**

a. Proposal drafted. *2006 legislative proposals were drafted in August 2005 to amend Section 211.447 to ensure consistency with ASFA requirements and Section 211.093 to allow the Juvenile Court greater authority to transfer cases to other circuits.*

b. Written proposal reviewed by OSCA and the Department. *Copies of the proposal were provided to OSCA and the Department in August for review. The proposal was sent to the capitol on September 9<sup>th</sup>.*

**Item 29: Provides a process for foster parents, re-adoptive parents, and relative caregivers of children in foster care to be notified of and have an opportunity to be heard in, any review or hearing to held with respect to the child.**

(29.1) – **Increase ability of foster parents to be notified of and heard in court.** *All benchmarks in this action step have been completed.*

**Item 30: Standards to assure quality services and ensure children's safety and health** - *This item was found to be substantially achieved.*

**Item 31: Identifiable QA system that evaluates the quality of services and improvements** - *This item was found to be substantially achieved.*

**Item 32: Provision of ongoing staff training that addresses the necessary skills and knowledge** - *This item was found to be substantially achieved.*

**Item 33: Ongoing training for staff**

(33.1) – **Develop supervisory training for front line supervisors.**

h. Training curriculum reviewed and approved by CD management.

i. Professional Development and Training selected one rural and one metro field test site.

j. Professional Development and Training field tested curriculum in two test sites. *In August 2005, CD Training Management reviewed and approved the draft of the Clinical Supervisor Training curriculum .A field test walk- through of the curriculum was conducted in September 2005. The field test contained supervisory staff from both rural and metro sites. This was done to minimize the cost of having two separate sessions. The field test resulted in many great ideas being shared by the supervisors in the field test. Several recommendations were made by the group on ways to enhance the training. Feedback and suggestions are currently being evaluated by the PD & T Unit.*

(33.2) – **Develop advanced in-service training module for investigations and assessment.** *All benchmarks in this action step have been completed.*

(33.3) – **Develop advanced in-service training module for Family-Centered Services.**

d. Professional Development and Training developed advanced in-service curriculum for Family-Centered Services.

e. Administration approved advanced Family-Centered Services in-service module.

f. Professional Development and Training began training advanced Family-Centered Services curriculum. *CD Training management reviewed the FCS in-service curriculum. Following the management review in September, the PD & T Unit conducted a field test of the FCS in-service curriculum which contained field staff from both rural and metro sites in October. The field test was handled this way to minimize the cost of conducting two separate field tests. The feedback from the field test group was extremely valuable and the suggestions and feedback are currently being reviewed to determine what modifications and enhancements can be made to the curriculum.*

**(33.4) – Develop advanced in-service training module for Family-Centered Out-of-Home Care Services.**

d. Professional Development and Training developed advanced in-service curriculum for Family-Centered Out-of-Home Care Services and reviewed by OSCA. The draft of the FCOOCH in-service module is currently being reviewed by CD Training Management and will be shared with OSCA for further review.

**(33.5) – Enhanced On-The-Job (OJT) Training.** *All benchmarks in this action step have been completed.*

**(33.6) – Create training advisory committee to annually assess needs and evaluate training.**

b. Advisory committee developed a mission statement.

c. Advisory committee developed a written plan for assessing training needs.

d. Advisory committee developed a written plan for evaluating training needs.

e. Plan submitted to CD administrators for approval. *The Training Advisory Committee was originally scheduled to have the first meeting in April -May 2005. Committee members were selected April 2005, however, the committee's first meeting was put on hold due to budget constraints. It was also recognized the committee members' time would be better spent assessing training needs and evaluating the training program after the new classroom and On the Job Training was formalized statewide. Therefore, the committee will plan to meet in February 2006 to finalize a draft of the mission statement, develop the operational framework for the advisory committee, and determine how the committee will function to best meet the needs of the Children's Division staff. Timeframes have been revised in the matrix to reflect the new completion dates.*

**(33.7) – Develop child Abuse and Neglect Training (CA/N) Institute for CD staff.** *All benchmarks in this action step have been completed.*

**(33.8) – Provide training based on circuit specific needs.** *All benchmarks in this action step have been completed.*

**Item 34: Provision of training for caregivers and adoptive parents that addresses the necessary skills and knowledge.** *This item was found to be substantially achieved.*

**Item 35: Services array**

**(35.1) – Increase access and availability to dental services.** *Refer to WB3.22.1.*

**(35.2) – Increase the ability of staff and families to access Alcohol and Drug Abuse Services (ADA).** *There are no benchmarks due for this action step in Quarter 3.*

**(35.3) – Increase availability of specialized foster homes for older youth, siblings, disabled and medically fragile children.** *Refer to P1.6.5.*

**(35.4) – Increase availability of and access to parenting classes and family/parent aide services.** *There are no benchmarks due for this action step in Quarter 3.*

**(35.5) – Increase services to meet the needs of non-English speaking consumers.** *There are no benchmarks due for this action step in Quarter 3.*

**(35.6) – Increase availability of transportation services.** *There are no benchmarks due for this action step in Quarter 3.*

**Item 36: The services in item 35 are accessible to families and children in all political jurisdictions covered in the State's CFSP.** *See Item 35 1-6.*

**Item 37: The services in item 35 can be individualized to meet the unique needs of children and families served by the agency.**

**(37.1) – Increase access to existing services.** *See item 35 1-6.*

**(37.2) – Strengthen work/supervisor skills in engaging families in the assessment, case planning and case plan review process to increase parent, care giver (alternative care provider) and child involvement in case assessment, plan development and reassessment.** *Refer to S2.3.2.*

**Item 38: Engages in ongoing consultation with critical stakeholders in developing the CFSP.** *This item was found to be substantially achieved.*

**Item 39: Develops annual progress reports in consultation with stakeholders.** *This item was found to be substantially achieved.*

**Item 40 Coordinates services with other federal programs.** *This item was found to be substantially achieved.*

**Item 41: Standards for foster family and child care institutions.** *This item was found to be substantially achieved.*

**Item 42: Standards are applied equally to all foster family and child care institutions.** *This item was found to be substantially achieved.*

**Item 43: Conducts necessary criminal background checks.** *This item was found to be substantially achieved.*

**Item 44: Diligent recruitment of foster and adoptive families that reflect children's racial and ethnic diversity.**

**(44.1) – Increase the number of resource families.** *Refer to P1.6.5.*

**Item 45: Uses cross jurisdictional resources to find placements.** *This item was found to be substantially achieved.*



# **PROGRAM IMPROVEMENT PLAN**

**QUARTER 4 PROGRESS REPORT**

**NOVEMBER 2005 – JANUARY 2006**

**SUBMISSION DATE:**

**FEBRUARY 28, 2006**



## Quarter 4 Accomplishments

The following is summary of activities completed during Quarter 4 (November 2005 to January 2006) of the Program Improvement Plan.

### **Safety Outcome 1: Children are, first and foremost, protected from abuse and neglect.**

#### **Item 1: Timeliness of initiating investigations of reports of child maltreatment**

(S1.1.1) – ***Clarify policy regarding timeliness of initiating reports of child maltreatment.*** All benchmarks in this action step were met during Quarter 1.

(S1.1.2) – ***Increase accuracy of data regarding initial contact.***

b. As determined, if needed by policy clarification, additional systems entry codes developed to capture accurate data. *Initial contact policy information was provided in memo CD05-35, previously submitted. Additional fields have been provided in SACWIS. No further action needed regarding this benchmark.*

d. Circuit Managers and the assisting QA Specialists monitor quarterly Peer Record results and make recommendations for improvements. *Regional work plans indicate circuits are reviewing and monitoring PRR results quarterly. Circuits performing above the goal will continue with current practices. Those performing below the goal offered strategies for improvement:*

- *Requiring staff to submit a “rough draft” of their documentation of initial contacts to ensure safety.*
- *Circuit Manager reviews PRR results and discusses with supervisors in weekly conference. Recommendations are discussed and shared with front line staff.*
- *Workers must consult with their supervisors prior to the expiration of the initial contact time frames.*
- *Workers must make the required number of attempted contacts and consult with their supervisor if they do not make contact within the initial contact time frame.*
- *Individual and group meetings held with staff to reinforce the importance of initial contact to ensure safety and to identify obstacles.*
- *Scheduling PET meetings and regional staff meeting with the juvenile office to address strategies.*
- *Utilizing the multi-disciplinary team approach.*
- *A Self-Circuit Assessment workgroup was develop to address 24 hour CA/N contact and 30 day completion.*
- *Screen for incorrect data entries prior to end of month.*
- *Charts made on all PIP measures disseminated to CD staff for review on progress.*

(S1.1.3) – **Study feasibility for alternative protocols for managing non CA/N referral.** All benchmarks in this action step have been met.

(S1.1.4) – **Develop improvement plan to respond timely to reports of maltreatment.** All benchmarks in this action step have been completed.

(S1.1.5) – **Call Management and Structured Decision Making (SDM) Protocols Implemented at the Child Abuse and Neglect Hotline Unit to provide consistent screening and classification of calls received.**

g. Collected and analyzed PRR tool results for practice enhancements. Analysis  
*The CANHU Peer Record Review tool was automated in Lotus Notes and piloted in October 2005. Six CANHU workers participated in the pilot. Each worker reviewed six peers' child abuse/neglect reports. Six supervisors also participated in the pilot. Each supervisor also reviewed six reports after workers completed their peer reviews. The supervisor review was done on a one-time basis to check the reliability of the workers' peer review. Supervisors were assigned reviews of calls taken by their own supervisees.*

*This pilot was completed to test the peer review tool, to identify training needs for using the tool, and to obtain timings. The analysis recommended that further training needs to occur before the process is implemented with all staff at the hotline. Based on the results, reviewers disagreed on scoring in 39 percent of the cases. The inconsistency was to the extent that one reviewer rated as item as passing while the other scored the same item as failing. A dual review (each case being reviewed by two staff) was recommended to continue until there is more conformity in the review results. Reviewer agreement needs to be increased from 71 to 90 percent before the review data can be used to accurately reflect the practices at the CA/N HU. The tool achieved the goal of being an instrument that can be completed quickly for reviewing hotline calls.*

(S1.1.6) – **Revised policy relating to non CA/N referrals (M,P,N) given the division's need to better address its core functions and statutory mandates, with existing available resources.**

a. Defined what statutory core functions are.

b. Developed proposed plan for information dissemination on practice changes regarding non CA/N call. See attached draft white paper on M&P report and P & M Referral Change Proposal.

c. Consulted with National Resource Center on Child Protective Services regarding non CA/N referrals. A referral was made to made to NRC-CPS in November 2005 when Emily Hutchinson provided on site technical assistance to help the division address "safety across the board" issues.

## **Item 2: Repeat maltreatment**

### **(S1.2.1) – Ensure consistent and accurate completion of SDM safety and risk assessment.**

d. Evaluated SDM Peer Record Review Outcomes. *Each region continues to evaluate and ensure consistent and accurate completion of SDM safety and risk assessment on a regular basis. Below are some of their strategies.*

- *Training identified to address obtaining the chief investigators signature, providing more descriptive information in the narrative and timely completion of CA/N reports.*
- *Local PET meeting to review PRR results and cases to address needs for improvement.*
- *Each CA/N investigative staff will receive another copy of the SDM policy to review. Any CPS-1a and Risk Assessment that is not consistent with the narrative will be returned to worker for corrective action.*
- *Review PRR results during CQI meeting.*
- *Teaching staff to get familiar and use managed reporting more proficiently.*
- *QA Specialist will provide statistical data to regional director on a quarterly basis to show progress or lack of progress.*
- *Monthly staff meetings to address concerns/issues related to PRR.*

h. As needed, provided training to circuits identified with imminent need. *Local supervisors have provided training as needed. Central office staff is currently in the process of developing a PowerPoint training highlighting Structured Decision Making procedures, along with best practice issues that have been found to be concerns following the several reviews. This training is currently being scheduled to begin March 17, 2006. The training will be provided to the counties/circuits who have requested it, as well as those who have exhibited a need for such training. This training will be provided to investigators/assessors, supervisors, managers and administrators, along with Children's Services Specialists and Family-Centered Services Consultants. The PowerPoint will be made available on the division Intranet and will be updated on an on-going basis.*

### **(S1.2.2) – Implementation of Confirming Safe Environments (CSE) process**

f. strengths in summary and CSE curriculum incorporated into policy and practice through policy memo and localized training. *This benchmark has been subsumed into the work of the Visitation Workgroup who has been charged with addressing all safety issues through the division's continuum of services. The workgroup has met several times to review current policies and practices. The workgroup has provided recommendations. Several policy memorandums will be developed based on many of the recommendations. It is anticipated that all memos addressing visitation and safety throughout will be disseminated to staff by July 2006. Attached is a copy of the workgroup's report. We are requesting renegotiation of this benchmark.*

**(S1.2.3) - Strengthen policy regarding assessment of safety at and throughout placement.**

a. Developed policy regarding assessment of safety at and throughout placement.  
b. Disseminate policy and monitor through on going circuit self-assessments, PRR and supervisory oversight. *The Visitation Workgroup is also addressing these benchmarks. Please refer to S1.2.2.f. We are also requesting renegotiation of these benchmarks to be completed by July 2006.*

**(S1.2.4) – Practice Enhancement Teams (PET) assist Circuit Managers in development of improvement strategies to reduce repeat maltreatment and CA/N in foster care.** *All benchmarks in this action step have been completed.*

**(S1.2.5) – Strength policy and practice relating to chronic neglect and accumulation of harm.**

f. Used IAR's screening tool to determine if families meet the CN criteria. *A Chronic Neglect checklist was developed based on IAR'S statistical findings. See attached. Casper county staff utilized the checklist to determine the number of families who scored 18 Alternative Care and 39 Family-Centered Services cases. Currently an evaluation grant is being pursued through Behavioral Concepts (subcontractor of University of Missouri-Columbia) in conjunction with Children's Trust Fund.*

*Additional trainings will be provided to staff in McDonald, Newton and Jasper counties. Concepts/Concrete skills we would like staff to learn and walk away from the training are: engaging and diffusion skills; techniques to be used when progress is not occurring; instructing parents on behavioral interventions and charting; model and teach problem solving skills and emphasis on practical and useful tools that will work for families.*

**(S1.2.6) – Develop performance-based contract for foster parents.**

c. Informed foster parents of PFDP criteria at assessment and reassessment. *The performance based criteria continues to be used as a guide for staff to address with foster parents at licensure and re-licensure.*

d. Identify plan to inform CD staff of new requirements for foster parents. *A memo has been drafted to inform staff of the PFDP. It instructs staff to complete a plan with each provider within 30 days of initial licensure and at the time of license renewal. It outlines the training goals of each family to be reviewed annually. It establishes criteria based on STARS competencies.*

<b>Safety Outcome 2: Children are safely maintained in their homes whenever possible and appropriate.</b>
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**Item 3: Services to family to protect child(ren) in home and prevent removal**

**(S2.3.1) – *Improve family assessment and case plan tools to better link service provision to the needs of family identified in the initial and ongoing assessments.***

e. Recommendations regarding changes made. Additional training sessions added in 2006 for the CD-14 will be concluding at the end of February. We will continue to solicit feedback from staff but will only make revisions to the CD-14 due to future policy changes.

f. Policy issued with new documents and instructions. The below link provides the policy memorandum disseminated to staff during December 2005.  
<http://www.dss.mo.gov/cd/info/memos/2005/72/cd0572.pdf>

g. Training of existing staff completed. Requests were made from the St. Louis Region for additional trainings on the CD-14. The last training session was completed in February 2006.

h. Incorporated changes into BASIC training. The new CD-14, FCS Family Assessment Packet is covered during BASIC orientation of new staff. It is also included in the FCS in-service as part of the skills application and practice.

**(S2.3.2) – *Strengthen worker/supervisor skills in engaging families in the assessment, case planning and case plan review process to increase parent, caregiver and child involvement.***

f. PET teams annually analyzed family satisfaction survey data and PDR results for improvement with the expectation that circuits develop methods to improve. Consumer surveys are sent monthly and responses are recorded when received. However, survey results are posted on the CD's Intranet annually. The data for the 2005 surveys are scheduled to be posted by the end of the month.

*PDR results are provided to the circuits at the end of their review. The preliminary data which are tied to Outcome measures are provided to all participants at the meeting. Those measures that fall below the PDR expectation of acceptable are required to develop an improvement plan.*

**(S2.3.3) – *Improve supervisory capacity to monitor enhanced practice relating to case planning.***

d. Feedback from field testing reviewed by review team. The most recent draft of the supervisory case review tool was field tested by the members of the Supervision Workgroup in December 2005.

e. Supervisory case review tool revised as needed. Feedback was reviewed and appropriate revisions made to the tool in January 2006.

f. Protocol for supervisory case review established and manual revisions made. *Sampling methodology discussed is to review two hotlines from each worker per month. The tool will be applied to one FCS and one out-of-home care case per worker, per month, without reviewing the same case twice in a six month period.*

*At the time the tool is distributed for statewide use, a memorandum will be issued explaining the process. A training plan is also being developed to instruct supervisors in effectively using this tool. At this time we are not making any revisions to the child welfare manual.*

**(S2.3.4) – Establish procedures to access various service funding streams.**

b. Distributed service access funding grid and guidelines to all staff. *The attached document will be sent to all Regional Staff in March and placed in the new administrative section of the Child Welfare Manual at a later date. However, this information has already been provided to staff in sections. The information on use of Children's Treatment Services was sent out 1/13/06 to Regional Directors. The use of crisis funds was sent out on 2/18/06. The Making Mental Health Referrals was sent out approximately 2 years ago. Having this information in one document and placed in the manual will be more beneficial to staff.*

**(S2.3.5) – Per new legislation, develop comprehensive children's mental health plan to increase level of cooperation between court, mental health, child welfare and families.** *All benchmarks in this action step have been completed.*

#### **Item 4: Risk of harm to child**

**(S2.4.1) – Ensure consistent and accurate completion of SDM safety and assessment.** *Refer to S1.2.1.*

**(S2.4.2) – Implementation of CSE process.** *Refer to S1.2.2.*

**(S2.4.3) – Implement enhance background screening for foster/adopt and court ordered providers.**

b. Policy updates and supervisory consultations with existing staff. *In December a policy memorandum CD05-76 provided information on the use of electronic scan fingerprint services. <http://www.dss.mo.gov/cd/info/memos/2005/76/cd0576.pdf>.*

**(S2.4.4) – Development of "Culture of Care Initiative" for improving safety and nurturance of children in a residential care setting.** *First Quarter (1-1-05 to 3-31-05) there were four (4) POE reports; three in second quarter; 3 in the third quarter; and, 2 in the last quarter of 2005.*

**(S2.4.5) – Improve family assessment and case plan tools to better link service provision to the needs of the family identified in the initial and ongoing**

**assessments; include a mechanism for family self-assessment and identified areas specifically related to child safety and risk concerns. Refer to S2.3.1.**

**Permanency Outcome 1: Children have permanency and stability in their living situations.**

**Item 5: Foster care re-entries.** *This item was found to be substantially achieved.*

**Item 6: Stability of foster care placement**

**(P1.6.1) – Increase system capacity to accurately track placement kinship vendor types.**

*d. staff will convert existing data to reflect accurate placement types. Training was provided to QA and assigned staff from all the regions to begin converting court ordered placements to either relative or kinship placements in December. Conversion of these placement types will be concluded at the end of February 2006.*

**(P1.6.2) – Improve diligent search for relatives/missing parents.** *All benchmarks in this action step have been completed.*

**(P1.6.3) – Expand use of family support team meetings to promote stability in alternative care placements.** *All benchmarks in this action step have been completed.*

**(P1.6.4) – Identify resource family types and shortages.**

*c. Extended current Foster Care/Adoption Resource Services contract. The current contract has been extended through April 2006. The Contract Management Unit (CMU) is in the process of re-bidding services under the new contract. CMU anticipates awarding the new contract in April 2006. The new contract will allow the division to pay for training and assessment. CD staff will be expected to address local recruitment issues.*

*e. Consulted with the National Resource center for Family Centered Practice and Permanency Planning regarding recruitment of resource families. On site technical assistance was received from Lorrie Lutz at NRC-FCP&PP on January 27, 2006 to address recruitment and retention concerns.*

**(P1.6.5) – Increase number of resource families.**

*f. Extended current Foster Care/Adoption Resources Services contract. The current contract has been extended through April 2006. The Contract Management Unit (CMU) is in the process of re-bidding services under the new contract. CMU anticipates awarding the new contract in April 2006. The new contract will allow the division to pay for training and assessment. CD staff will be expected to address local recruitment issues.*

(P1.6.6) – ***Increase placement stability by improving matching capabilities for children in out-of-home setting.*** *There are no benchmarks due during Quarter 4 for this action step.*

a. Consulted with the National Resource Center for Family Centered Practice and Permanency Planning regarding “critical factors in placement stability.” *On site technical assistance was received from Lorrie Lutz at NRC-FCP&PP on January 27, 2006 to address recruitment and retention concerns, including placement stability.*

(P1.6.7) – ***Evaluate support and training provided for relative/kinship resource families.***

a. Surveyed current relative caregivers on the adequacy of the Caregiver Who Knows the Child training curriculum. *At the end of the Caregiver Who Knows the Child Training, each participant is asked to complete the evaluation for the training. Initially it was decided that we would use the evaluation as the survey. After reviewing the evaluation, it was decided the evaluation did not meet our need. In February 2006 a survey was developed and distributed to 200 caregivers. The data will be collected and analyzed in March 2006. A copy of the survey is attached.*

#### **Item 7: Permanency goal for child**

(P1.7.1) – ***Ensure the frequency and timeliness of FST Meetings occurs per policy.***

c. Circuit Managers assisted by PET monitored frequency data.

*Regional action plans received from all regions outlining improvement plans or providing data on their performance.*

- *FST/PPRT workgroup has been meeting monthly during the past quarter and working on recruitment and training of community stakeholders to serve as third party reviewers.*
- *The Team decision meeting facilitator uses a tracking form to track attendees of meetings.*
- *Specific days each month scheduled with GALs for PPRTs.*
- *Supervisors developing monthly reminders of needed FST/PPRTs.*
- *Staff required to take the SS-61 to the PPRT and complete it there to ensure more timely reporting.*
- *PET team to monitor timeliness and uyytyr;[develop a rotating schedule for community partners.*
- *Implementing new ways of assuring data accuracy and timely entry of information.*
- *Training of staff to understand the meaning of meeting timeframes and timely data entry.*
- *Regional QA Specialist working with supervisory staff in understanding how to input data timely, developing a better system of tracking when FST/PPRTs are due.*



**(P1.7.2) – Improve quality of FSTs to ensure permanency goal is reviewed and established.**

g. Trained expert facilitators. St. Louis County provided training to supervisors and Children's Services Specialists during Jan. 2006 on the 18<sup>th</sup>, 19<sup>th</sup> and 25<sup>th</sup>.

h. Memo describing expert facilitators access protocol and expert facilitators duties distributed to all staff. After the training sessions were completed in January 2006, a memo was disseminated to St. Louis County staff in February 2006.

**(P1.7.3) – Strengthen policy and practice relating to concurrent planning.**  
*Benchmarks in this action step are not due this quarter or were previously met.*

**(P1.7.4) – Increase collaboration with courts by providing cross training to judiciary, court staff, GALs and CD staff on ASFA & permanency hearings consistent with state and federal regulations.** *All benchmarks in this action step have been completed.*

#### **Item 8: Reunification, guardianship, or permanent placement with relatives**

**(P1.8.1) – Address permanency and service needs of children in Legal Status 2, 3, and 4.** *All benchmarks in this action step have been completed.*

**(P1.8.2) – Establish procedures to access various funding streams.** *Refer to S2.3.4.*

**(P1.8.3) – Ensure frequency and timeliness of FST Meetings occurs per policy.**  
*Refer to P1.7.1.*

**(P1.8.4) – Improve quality of FST to assure the review of permanency goal.** *Refer to P1.7.2.*

**(P1.8.5) – Increase collaboration with courts by providing cross training to new judiciary, court staff, CD staff and GAL's on ASFA and Permanency hearings consistent with state and federal regulations.** *Refer to P1.7.4.*

**(P1.8.6) – Increase collaboration with courts by providing cross training to judiciary, court staff, GAL's and CD staff regarding roles and responsibilities.** *All benchmarks in this action step have been completed.*

**(P1.8.7) – Collaborate with OSCA to explore barriers that would allow Juvenile Courts to enter temporary custody orders and transfer jurisdiction to Probate & Circuit Courts to expedite guardianship.** *All benchmarks have been completed for this action step.*

**(P1.8.8) – Determined policy remedy to be used in addition or in lieu of any legislative change referred in P1.8.7.** *Refer to P1.6.1.*

## **Item 9: Adoption**

(P1.9.1) – **Termination of Parental Rights** will be filed in a timely manner, except when compelling reasons are documented.

d. Policy disseminated to staff and supervisory oversight. *This memo was sent to the Division of Legal Services for review and input. Once the feedback is incorporated into the memo, it will then be ready to be disseminated to staff.*

(P1.9.2) – **Increase number of resource families.** *Refer to P1.6.5.*

(P1.9.3) – **Increase capacity to conduct home studies and finalize adoptions.** *All benchmarks have been completed for this action step.*

(P1.9.4) – **Improve access to legal representation for CD staff.** *All benchmarks in this action step have been completed.*

## **Item 10: Other planned living arrangement**

(P1.10.1) – **Increase number and quality of resource families for older youth.** *All benchmarks in this action step have been completed.*

(P1.10.2) – **Increase awareness of Chafee program services to staff and community members.**

c. LP staff provided Chafee informational meetings, seminars, workshops to CD staff, foster parents, juvenile court, and youth serving agencies. *Independent living program staff continuously provides information to staff informally and by attending FSTs to discuss Chafee services and ETV for youth. Some community involvement includes speaking at STARS foster parent training and meeting with public and private youth serving agencies. In addition, there is regular contact with the juvenile court, CASA and other FST members. Additionally ILP staff and youth attended the annual Child Advocacy Day held in January 2006.*

(P1.10.3) – **Increase program accessibility to provide life skills training services for older youth.**

c. Consulted with SYAB members on needs of older youths. *Quarterly meetings continue with the State Youth Advisory Board to address older youth needs.*

<b>Permanency Outcome 2 - The continuity of family relationships and connections is preserved for children.</b>
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**Item 11: Proximity of foster care placement.** *This item was found to be substantially achieved.*

## **Item 12: Placement of Siblings.**

### **(P2.12.1) – Increase the number of siblings placed together.**

c. Circuit Managers monitored quarterly PRR results and improvement plans developed. When possible and in the children's best interest sibling placement is a priority. Emphasis is placed on keeping sibling together. Other efforts made to improve results include:

- Increasing the number of children for which foster parents can be licensed.
- Stressing the importance of sibling placement during foster parent training.
- Provide joint trainings with juvenile office on the importance of sibling placement.
- Use of relative/kinship home to keep siblings together.
- Holding a FST prior to separating siblings.
- Accessing training from Early Head Start regarding the impact of separation on attachment.

d. Developed administrative process to review cases after siblings are separated after 30 days. The draft policy memo previously developed will provide the process to review cases. Due to other memos deemed as more urgent, this particular memo was assigned a lower priority. Changes in policies related to the 2005 legislation session and revisions to the Child Welfare Manual policies related to Investigation/Family Assessment; Family-Centered Services, and Family-Centered Out-of Home Care assigned were given a higher priority. The anticipated date this memo will be disseminated to staff is April 2006.

### **(P2.12.2) – Develop an ongoing training module regarding sibling placements for staff, foster parents, and juvenile court staff.**

a. Emphasis on the importance of sibling bonds, long term effects of separation , and importance of visitation, parentified child and sibling rivalries incorporated into foster parent training. CD uses the CWLA Pre-service PRIDE curriculum (know as STARS) to train prospective foster/adopt parents. This curriculum addresses the issue of sibling bonds and long term effects of separation in several areas. This is accomplished by stressing the importance of permanence for a child which includes maintaining connections and continuity with their parents and siblings. The role of the birth family and foster family is explored along with the impact of the child's personal and cultural identity on his self esteem. Emphasis is placed on the importance of supporting parental and sibling bonds, understanding family relationships, maintaining the child's connections, the importance of visitation which includes sibling visits. It is critical for siblings to maintain their relationship particularly when separated from their parents. Separation and loss issues are covered as the impact of placement on the child from their family is explored. The need for the child's sense of belonging and security is emphasized as a part of how foster/adopt parents can assist children in maintaining lifelong relationships.

*Child Welfare Practice Basic Orientation Training addresses the need to appropriately 'match' a child and foster home which includes taking into consideration the situation and relationship with siblings. Further sibling issues are explored around separation and loss issues as children are placed, concerns around visitation of the child with parents/siblings and agency visitation policies are discussed which include sibling placement and visitation.*

**(P2.12.3) – Increase capacity for resource families that accept sibling groups.**  
*Refer to P1.6.5.*

**Item 13: Visiting with Parents and Siblings in foster care.**

**(P2.13.1) – Increase frequency and quality of parent/child and sibling visits.**

a. revised policy to improve qualitative and quantitative visitation plan requirements.  
*The Visitation Workgroup has been charged with all visitation issues. The workgroup has met several times to review current policies and practices. The workgroup has provided recommendations. Several policy memorandums will be developed based on many of the recommendations. It is anticipated that all memos addressing visitation will be disseminated to staff by July 2006. We are requesting renegotiation of this benchmark to July 2006.*

b. Incorporated policy revision into Basic training and supervisory oversight provided to existing staff. *As a general rule, new policies are incorporated into BASIC approximately 30 days after the memo has been disseminated. Anticipated completed date is August 06.*

c. Incorporated revisions into PRR tool. *Once the policy has been disseminated to staff, the Quality Assurance Manager will incorporate revisions into the PRR tool. Anticipated date is August 06.*

e. Circuit Managers monitor date regarding frequency of parent/child sibling visits.  
*Three months after revisions have been made to the PRR tool, data will be available for review by Circuit Managers. New anticipated date is November 2006.*

f. Circuit Manager assisted by the PET teams developed practice improvement plans using all available data for guidance. *Once PRR data is available regarding improving qualitative and quantitative visitation plan, after reviewing the data, Circuit Manager can begin to develop improvement plans, if necessary. New anticipated date is November 2006.*

**Item 14: Preserving connections.**

**(P2.14.1) – Increase emphasis on preserving familial and community connections for children in out of home care.**

- a. Evaluated Family to Family program regarding applicability for statewide implementation.
- b. Submitted evaluation recommendations to administration.
- c. Based on results of Family to Family evaluation and review of other state's best practices determined statewide applicability. *An Administrative Data Report of the St. Louis City Family to Family Program is provided by George Warren Brown School of Social Work at Washington University. The report provides data by target zip codes. The zip codes profile data on nine outcomes. See attached Administrative Data report. St. Louis City Regional Director submitted recommendation to the division's Interim director. See attached Family to Family Recommendations.*
- d. Develop state plan to address preserving connections. *CD Interim Director, Deputy Director and, St. Louis City Region Director met with staff from Casey Family Program on January 31, 2006 to look at replicating the positive outcomes of the Family to Family program in other parts of the state. As a result, the division is planning to expand certain practice components of the Family-to-Family model, specifically team decision making, targeted resource development, and the use of data in making key decisions. St. Louis County has expressed interests in this, and our regional managers are now evaluating where else parts of this model can be implemented.*

(P2.14.2) – **Improve diligent search for relatives/missing parents.** Refer to P1.6.2.

(P2.14.3) – **Revise ICWA policy.**

c. Newly revised intake & assessment disseminated to all CD staff. *The FCS Family Assessment Packet (CD-14) was disseminated to staff in December 2005.*  
<http://dssweb/cs/memos/2005/72/cd0572.pdf>

#### **Item 15: Relative Placement.**

(P2.15.1) – **Increase system capacity to accurately track placement kinship vender type.** Refer to P1.6.1.

(P2.15.2) – **Improve diligent search for relatives/kinship resource families.** Refer to P1.6.2.

(P2.15.3) – **Evaluate support and training provided for relative/kinship resource families.** Refer to P1.6.7.

#### **Item 16: Relationship of child in care with parents.**

(P2.16.1) – **Improve diligent search for non-custodial parent.** Refer to P1.6.2.

(P2.16.2) – **Improve engagement of non-custodial parents in case planning by strengthening worker/supervisor skills in engaging families in the assessment, case planning and case plan review process. Increase parent, caregiver**

*(alternative care provider) and child involvement in case assessment, plan development and reassessment. Refer to S2.3.2.*

**Well Being Outcome 1 – Families have enhanced capacity to provide for children’s needs**

**Item 17: *Needs and services of child, parents, and foster parents.***

*(WB1.17.1) – Improve family assessment and case plan tools to better link service provision to the needs of the bio family identified in the initial and ongoing assessments. Refer to S2.3.1.*

*(WB1.17.2) – Strengthen worker’s skills in engaging families in the assessment, case planning and case plan review processes to increase parent, caregiver (alternative care provider) and child involvement in case assessment, plan development and reassessment. Refer to S2.3.2.*

*(WB1.17.3) – Implementation of “Confirming Safe Environments” to reduce the risk for children in foster/kinship care to identify needs of child and providers. Refer to S1.2.2.*

**Item 18: *Child and family involvement in care planning***

*(WB1.18.1) – Maximize parental/family participation in Family Support Team Meeting. Refer to S2.3.2.*

*(WB1.18.2) – Improve the quality of Family Support Team Meeting. Refer to P1.7.2.*

*(WB1.18.3) – Review and further develop a handbook, to be distributed at the point of removal, to educate parents on their rights and responsibilities, Court procedures, etc.*

c. Developed an universal parent handbook. A handbook has been developed. See bio parent handbook attachment.

**Item 19: *Worker visits with Child – Improve quantity and quality***

*(WB1.19.1) – Develop policy addressing the quality of visits to incorporate case planning, service delivery and goal attainment.*

c. Team developed policy on visitation and draft protocol regarding quality of visits. The Visitation Workgroup developed a draft protocol regarding quality of visits. This tool will be disseminated to staff with the memo with a July 06 distribution date. The protocols are included in the Visitation Workgroups report recommendations.

d. Recommendation reviewed by policy review team and executive staff. *Prior to the memo and protocol being distributed in July 2006, the policy review team and executive staff will have provided input.*

e. Policy disseminated to staff. *Policy will be distributed to staff by July 2006.*

f. Utilize Practice Enhancement Teams (PET) to support protocols. *Once policy has been distributed PET teams can be using the protocols.*

**WB1.19.2) – Increase policy compliance for frequency of worker visits for intact and out-of-home cases.**

a. Achieved progress in caseload equalization by developing quarterly circuit workload reports. The following are the primary steps taken by circuit staff to address this benchmark.

- *Caseloads are figured monthly on each worker for supervisors to verify case loads are relatively even.*
- *Supervisors and Circuit Manager review worker reports to address not only the number of cases workers have but also work load.*
- *Caseloads and workloads are reviewed weekly at supervisory case conferences.*
- *Tracking caseloads on a monthly basis through use of staffing analysis and assigning cases on a rotation basis.*

(WB1.19.3) – **Tracking system to track worker visits (date/site)** - No benchmarks were due for this action step in Quarter 3.

**Item 20: Worker visit with parent(s)**

(WB1.20.1) – **Strengthen worker relationships with biological or adoptive parents.**

a. Protocols established in WB1.19.1 c included in adoptive parent training. *The Visitation Workgroup developed a draft protocol regarding quality of visits. This tool will be disseminated to staff with the memo with a July 06 distribution date.*

(WB1.20.2) – **Refer to WB1.19.1, WB1.19.2 and WB1.19.3**

## **Well Being Outcome 2 – Children receive services to meet their educational needs**

**Item 21: Children receive appropriate services to meet their educational needs**

**WB2.21.1) – Improve working relationship among Children’s Division, Department of Elementary and Secondary Education (DESE) and local school districts.** *All benchmarks in this action step have been completed.*

(WB2.21.2) – ***Improve the flow of educational records and reports when children transfer schools.***

b. Incorporated accountability measures for transfer of educational records into Residential Facility contracts. *Contract amendments went sent to residential treatment providers in January 2006. Due to several providers having concerns with the amended language, another amendment, attached, was sent out at the end of February.*

(WB2.21.3) – **Decrease the incidence of educational neglect, truancy and suspension of children in care.**

f. Protocols distributed to staff and shared with local school districts. A policy memorandum was distributed to staff in February, addressing educational support and intervention for students at risk of academic failure. A letter will be sent in March from the division's Interim Director to all the school district informing them of the policy changes. <http://www.dss.mo.gov/cd/info/memos/2006/16/cd0616.pdf>

g. Protocols incorporated into BASIC and foster parent training. Staff Development and Training is in the process of incorporating this information into BASIC. This information will be shared with foster parents in upcoming trainings.

(WB2.21.4) – **Decrease the incidence of educational neglect, truancy and suspension of children for intact families.**

f. Protocols distributed. A policy memorandum was distributed to staff in February, addressing educational support and intervention for students at risk of academic failure. A letter will be sent in March from the division's Interim Director to all the school district informing them of the policy changes. <http://www.dss.mo.gov/cd/info/memos/2006/16/cd0616.pdf>

g. Protocols incorporated into BASIC training. Staff Development and Training is in the process of incorporating this information into BASIC.

### **Well Being Outcome 3 – Children receive adequate services to meet their physical and mental health needs**

#### **Item 22: *Physical health of the child***

(WB3.22.1) – ***Increase ability of Children's Division staff and families to access available dental resources.***

(WB3.22.2) – **Increase capacity of staff to assess medical needs of children in intact families.**

b. Issued revised form and policy. *The FCS Family Assessment Packet (CD-14) was disseminated to staff in December 2005.* <http://dssweb/cs/memos/2005/72/cd0572.pdf>



c. Existing staff trained in Assessment and Service Planning using CD-14 as tool statewide. Additional training sessions added for 2006 for the CD-14 will be concluding at the end of February.

d. Integrated CD-14 into Advanced Family-Centered In –service training module. It is included in the FCS in-service as part of the skills application and practice piece. The CD-14 is mainly covered in Basic Orientation, but it is also utilized in the FCS in-service around application of skills.

**Item 23: *Mental health need of the child***

(WB3.23.1) – **Increase the ability of Children's Division staff and families to access available mental health resources.** *All benchmarks in this action step have been completed*

(WB3.23.2) – **Increase awareness of staff and foster parents regarding attachment and mental health issues.** *There are no benchmarks due for 4<sup>th</sup> quarter.*

(WB3.23.3) – **Increase capacity of staff to assess mental health needs of children in intact families.** *There are no benchmarks due for 4<sup>th</sup> quarter.*

**Systemic Factors**

**Item 24: System can identify the status, demographic characteristics, location and goals of children in foster care.** *This item was found to be substantially achieved.*

**Item 25: Provides a process that ensures that each child has a written case plan to be developed jointly with the child's parent(s) that includes the required provisions**

(25.1) – **Improve family assessment and case plan tools to better link service provision to the needs of the family identified in the initial and ongoing assessments.** *Refer to S2.3.1.*

(25.2) – **Strengthen worker/supervisor skills in engaging families in the assessment, case planning and case plan review process to increase parent caregiver (alternative care provider) and child involvement in case assessment , plan development and reassessment.** *Refer to S2.3.2.*

(25.3) – **Improve supervisory capacity to monitor practice linking the assessment with the overall plan.** *Refer to S2.3.3.*

(25.4) – **Maximize parental/family involvement in Family Support Team Meetings.** *Refer to P1.6.2.*

(25.5) – **Improve staff facilitation skills for Family Support Team Meetings.** *There are no benchmarks due for this action step in Quarter 4.*

**Item 26: Process for 6-month case reviews**

(26.1) – **Revised current policy to clarify an Administrative Review and requirements.** *All benchmarks in this action step have been completed.*

(26.2) – **Recruit 3<sup>rd</sup> party participants for Administrative Reviews.**

b. Circuit Managers recruited and trained a pool of qualified volunteers to participate in six month administrative reviews. *St. Louis County is in the process of training third party reviewers. They had an overwhelming response from the community and have trainings scheduled through April 2006. Once the trainings are completed, third party reviewers will be assigned to cases.*

(26.3) – **Increase ability to track 6 month Administrative Reviews separately from FSTs.** *All benchmarks have been completed in this action step.*

**Item 27: Provides a process that ensures that each child in foster care under the supervision of the state has permanency hearing in a qualified court or administrative body no later than 12 months from the date the child entered foster care and no less frequently than every 12 months thereafter.**

(27.1) – **Improve access to legal representation for CD.** *Refer to Pl.9.4.*

(27.2) – **Implement training to develop testifying skills for CD staff.**

d. Modified curriculum approved. *Division of Legal Services reviewed and approved the current content around testifying skills.*

(27.3) – **Increase the timeliness of 12 month Permanency Hearings.**

j. Incorporated new FST policy into BASIC and OJT training. *The Administrative review and FST memo is currently still in draft. Once the memo is disseminated to staff it will be incorporated into BASIC and OJT training for staff.*

(27.4) – **Provide cross training to judiciary, court staff, GALs and Children's Division staff on ASFA and Permanency Hearings consistent with state and federal regulations.** *Refer to P1.7.4.*

**Item 28: Provides a process for termination of parental rights proceedings in accordance with provisions of ASFA.**

(28.1) – **Improve access to legal representation for CD.** *Refer to P1.9.4.*

**(28.2) - Strengthen worker/supervisor skills in engaging families in the assessment, case planning and case plan review process to increase parent, caregiver(alternative care provider) and child involvement in case assessment, plan development and reassessment. Refer to S2.3.2.**

**(28.3) – Termination of Parental rights will be filed in a timely manner, except when compelling reasons are documented. Refer to P1.9.1.**

**(28.4) – Improve diligent search for relatives/ parents. Refer to P1.6.2.**

**(28.5) – Collaborate with OSCA to amend 211.227 RSMo to ensure consistency w/ASGA requirements regarding filing of TPR petitions w/in 60 days of a judicial determination that the child is an abandoned infant, or that no Reasonable efforts are required.**

c. Meetings held between OSCA and the Department of Social Services to finalize proposal. Copies of the proposal were provided to OSCA and the Department in August for review. OSCA identified this as an area needing improvement in the JCIP reassessment. Since the proposal was sent to the capitol on September 9<sup>th</sup>, there was no need for further meetings to finalize the proposal.

**Item 29: Provides a process for foster parents, re-adoptive parents, and relative caregivers of children in foster care to be notified of and have an opportunity to be heard in, any review or hearing held with respect to the child.**

**(29.1) – Increase ability of foster parents to be notified of and heard in court. All benchmarks in this action step have been completed.**

**Item 30: Standards to assure quality services and ensure children's safety and health - This item was found to be substantially achieved.**

**Item 31: Identifiable QA system that evaluates the quality of services and improvements - This item was found to be substantially achieved.**

**Item 32: Provision of ongoing staff training that addresses the necessary skills and knowledge - This item was found to be substantially achieved.**

**Item 33: Ongoing training for staff**

**(33.1) – Develop supervisory training for front line supervisors.**

k. Professional Development and Training, revised curriculum based on evaluation. In November 2005, CD Professional Development and Training staff met to review the feedback information and tools from the field test and to organize the revisions. Several small revisions were made such as re-arranging information from the reference section to the workbook. Revisions were also made which involved moving content so it would

*be easier to understand. In addition, there were identified pieces of content that needed to be added for clarification. Some examples included:*

- Information regarding the parallel process, which the group found to be a difficult topic to grasp. They felt the section needed more explanation.*
- Information on time management needed to be rearranged so that it flowed better.*

*In December 2005, CD Professional Development and Training staff met again to review the latest revisions made to accommodate the needs of the field test group. It was determined that additional content was needed on Solution Focused techniques.*

*In January 2006, CD Professional Development and Training staff met with Dr. Anderson, from the University of Mo- Columbia. Discussion involved the revised curriculum and the need to incorporate Solution Focused Techniques, as well as having one complete section devoted to the topic. Dr. Anderson agreed to work closely with the CD Training Unit to further enhance the curriculum. The major revisions to the curriculum have been completed as of January '06. However, additional content is being developed Dr. Anderson.*

*I. Professional Development and Training implemented curriculum statewide. A field test comprised of both rural and metro staff was conducted in September 2005. It provided a great opportunity for feedback regarding the curriculum, format, and content. Feedback obtained was very positive. The participants expressed how much they liked the focus on the clinical aspects of supervision. Participants also liked the format and the highly interactive nature of the material. They believed this would aid in retention of the material. Staff provided suggestions on ways to enhance the curriculum.*

**(33.2) – Develop advanced in-service training module for investigations and assessment.** *All benchmarks in this action step have been completed.*

**(33.3) – Develop advanced in-service training module for Family-Centered Services.** *There are no benchmarks due for 4<sup>th</sup> quarter.*

**(33.4) – Develop advanced in-service training module for Family-Centered Out-of-Home Care Services.**

*e. CD Administration approved advanced Family-Centered Out-of-Home Care Services in-service training module. CD Administration and staff at OSCA have reviewed and approved the draft of the FCOOHC In-Service curriculum. The curriculum will be finalized after the field test group participates in the curriculum walk-through. Both metro and rural staff will attend the field test which is scheduled for February 28, 2006.*

*f. Professional Development and Training began training advanced Family-Centered Out-of-Home Care Services curriculum in one metro and one rural site. The field test*

*training of the FCOOHC in-service is scheduled for Feb 28th, 2006. The field test will be comprised of both metro and rural staff at various levels. Feedback and recommendations from the field test training will be used to modify the draft curriculum which may include changes to the existing in-service draft and /or may result in additional content being added to the in-service training.*

**(33.5) – Enhanced On-The-Job (OJT) Training.** *All benchmarks in this action step have been completed.*

**(33.6) – Create training advisory committee to annually assess needs and evaluate training.** *Due to requirements of the PIP and COA, CD has offered approximately 70 additional trainings in addition to what the Staff Development and Training Unit and contractors are currently doing in addressing basics. We are requesting to renegotiate all the benchmarks in this action step. They are as follow:*

- a. Create a core team consisting of Social Work Specialists, Supervisors, workers and a trainer to enhance the provisions of On-the-Job Training (OJT). Projected: Jan 06*
- b. Identify core skills/competencies that CD will expect new staff will have after completing BASIC training. Projected: April 06*
- c. Supervisors used beginning skills/guide list with workers. Projected: April 06*
- d. Provided activities for staff to practice during OJT, after BASIC. Projected: April 06.*
- e. Supervisors comment on the skills/guide list. Projected: June 06*
- f. Skills guide/list available for use by supervisors statewide. Projected: Aug 06*
- g. Expanded core team to include external partners to develop a review process for the enhanced: Sep 06*
- h. Began review process to assess effectiveness: Oct 06*

**(33.7) – Develop child Abuse and Neglect Training (CA/N) Institute for CD staff.** *All benchmarks in this action step have been completed.*

**(33.8) – Provide training based on circuit specific needs.** *All benchmarks in this action step have been completed.*

**Item 34: Provision of training for caregivers and adoptive parents that addresses the necessary skills and knowledge.** *This item was found to be substantially achieved.*

#### **Item 35: Services array**

**(35.1) – Increase access and availability to dental services.** *Refer to WB3.22.1.*

**(35.2) – Increase the ability of staff and families to access Alcohol and Drug Abuse Services (ADA).** *There are no benchmarks due for this action step in Quarter 3.*

**(35.3) – Increase availability of specialized foster homes for older youth, siblings, disabled and medically fragile children.** *Refer to P1.6.5.*

**(35.4) – Increase availability of and access to parenting classes and family/parent aide services.** *There are no benchmarks due for this action step in Quarter 4.*

**(35.5) – Increase services to meet the needs of non-English speaking consumers.**

c. Made CD forms available in other languages (Spanish to Accommodate growing Hispanic population). *The division currently has four forms available in Spanish.*

- *CS-21 Investigation Disposition Letter*
- *CS-21A Family Assessment Status Letter*
- *CS-24 Description of the Investigation Process*
- *CS-24A Description of the Family Assessment Process*

*The Know Your Rights Brochure and poster (posted in reception area of each CD county office) is also in Spanish.*

The CS-21 and CS-21A are also available in Bosnian. An updated Service Delivery Grievance Form is currently pending. Language contracts for interpretive services are available in each county office.

**(35.6) – Increase availability of transportation services.**

c. Issued state-wide transportation contracts. *Transportation contract awards were made in February 2006. Attached is a copy of all awards.*

**Item 36: The services in item 35 are accessible to families and children in all political jurisdictions covered in the State's CFSP.** *See Item 35 1-6.*

**Item 37: The services in item 35 can be individualized to meet the unique needs of children and families served by the agency.**

**(37.1) – Increase access to existing services.** *See item 35 1-6.*

**(37.2) – Strengthen work/supervisor skills in engaging families in the assessment, case planning and case plan review process to increase parent, care giver (alternative care provider) and child involvement in case assessment, plan development and reassessment.** *Refer to S2.3.2.*

**Item 38: Engages in ongoing consultation with critical stakeholders in developing the CFSP.** *This item was found to be substantially achieved.*

**Item 39: Develops annual progress reports in consultation with stakeholders.** *This item was found to be substantially achieved.*

**Item 40 Coordinates services with other federal programs.** *This item was found to be substantially achieved.*

**Item 41: Standards for foster family and child care institutions.** *This item was found to be substantially achieved.*

**Item 42: Standards are applied equally to all foster family and child care institutions.** *This item was found to be substantially achieved.*

**Item 43: Conducts necessary criminal background checks.** *This item was found to be substantially achieved.*

**Item 44: Diligent recruitment of foster and adoptive families that reflect children's racial and ethnic diversity.**

**(44.1) – Increase the number of resource families.** *Refer to P1.6.5.*

**Item 45: Uses cross jurisdictional resources to find placements.** *This item was found to be substantially achieved.*



# **PROGRAM IMPROVEMENT PLAN**

## **QUARTER 5 PROGRESS REPORT**

**February 2006 – April 2006**

**SUBMISSION DATE:**

**May 26, 2006**



## Quarter 5 Accomplishments

The following is summary of activities completed during Quarter 5 (February 2006 to April 2006) of the Program Improvement Plan.

### **Safety Outcome 1: Children are, first and foremost, protected from abuse and neglect.**

#### **Item 1: *Timeliness of initiating investigations of reports of child maltreatment***

(S1.1.1) – ***Clarify policy regarding timeliness of initiating reports of child maltreatment.*** All benchmarks in this action step were met during Quarter 1.

(S1.1.2) – ***Increase accuracy of data regarding initial contact.***

d. Circuit Managers and the assisting QA Specialists monitor quarterly Peer Record results and make recommendations for improvements.

- *Supervisors continue to meet with workers on a case by case basis to find every possible way of meeting initial contact timeframes.*
- *Supervisors review cases for initial contact during weekly case conferences*
- *Circuit Managers and PET Team monitor initial contact on a monthly basis and issues are addressed with front line staff as they come up*
- *Supervisors review CPS 1 and the CPS 1A at or within 72 hours with investigators/assessors.*
- *A workgroup was developed for supervisors to help expound on an excel spreadsheet that would calculate the initial contact for workers so they would know when initial contact was due.*
- *Supervisors are required before assigning the case to a worker to assess whether the worker will be able to make timely contact and if not, the supervisor or another worker will make the initial contact and properly document the contact.*
- *Circuit Managers monitors the Peer Record Review results. Supervisors and Circuit managers read cases on an ongoing basis for accuracy*

(S1.1.3) – ***Study feasibility for alternative protocols for managing non CA/N referral.*** All benchmarks in this action step have been met.

(S1.1.4) – ***Develop improvement plan to respond timely to reports of maltreatment.*** All benchmarks in this action step have been completed.

(S1.1.5) – ***Call Management and Structured Decision Making (SDM) Protocols Implemented at the Child Abuse and Neglect Hotline Unit to provide consistent screening and classification of calls received.***

g. Collected and analyzed PRR tool results for practice enhancements. Analysis. Ongoing/Quarterly.

*The review tool is a six item instrument with additional clarification items if certain questions are answered in the negative. Of the 487 reviews recently conducted, 94% of the reviews were concluded in ten minutes or less. The average review time for those reviews (459 of the 487 reviews) was 2.3 minutes. 239 CA/Ns (comprising 478 reviews) were reviewed by two staff while nine were reviewed by one person. Of the 239 calls reviewed by two people, complete agreement was reached by the reviewers for 61% (146) of the calls reviewed. An additional 32% of the reviews had consensus on at least four of the six questions on the instrument.*

*The record review tool still seems to achieve the goal of being a quick to complete instrument for reviewing calls. Also, dual reviews (each case being reviewed by two staff) needs to continue until there is more conformity in the review results. It is hoped that the reviewer agreement rate can be increased to at least 90% for each question before the review data can be used to properly inform the agency on strengths or needs in practice at the hotline.*

**(S1.1.6) – Revised policy relating to non CA/N referrals (M,P,N) given the division’s need to better address its core functions and statutory mandates, with existing available resources.**

d. Shared proposed plan with Regional Directors. A copy of the proposed plan was shared with the Regional Directors at their April meeting.

## **Item 2: Repeat maltreatment**

**(S1.2.1) – Ensure consistent and accurate completion of SDM safety and risk assessment.**

d. Evaluated SDM Peer Record Review Outcomes. (Ongoing/Quarterly). For Calendar Year (CY) 2005, the PRR results indicated that average rate of completion for the SDM Safety Assessment (CPS-1) was 94 percent. For the first quarter of CY 2006, the completion rate remains at 94 percent.

h. As needed, provided training to circuits identified with imminent need. SDM and Practice improvement training related to child fatality reviews was originally scheduled to begin during March 06. This training has been postponed to begin during June 06 due to the addition of new procedures for Field Managers to assume the primary responsibility on July 1, 2006 for reviewing fatality or critical event reports in cases having current or prior CD involvement. Therefore, training Field Managers on this new responsibility will occur simultaneously with the practice improvements training in the respective circuits. Additionally, the visitation workgroup recently completed their discussions and related policy revisions pertaining to various visitation issues, one of which is continuing to assure safety during visits with children and families. This issue

*is also one of the key points that will be discussed in the SDM/Practice Improvements training. Therefore, delaying the SDM training has allows an opportunity to bridge information and unify a message prior to the commencement of both groups proceeding with the field training.*

**(S1.2.2) – *Implementation of Confirming Safe Environments (CSE) process***

*f. Visitation Workgroup presented recommendations on enhancing visitation and safety policies throughout the continuum of services to Executive staff. A copy of the Visitation Workgroup recommendation was provided to Executive staff in November 2005.*

*g. Executive staff met to approve recommendations. At one of their January meetings, the Executive staff approved the recommendations.*

*h. Central Office staff met to begin address policy assignments. Central Office staff met on February 27, 2006 to discuss policy assignments.*

*i. Developed safety policy regarding assessment of safety at and throughout placement. Central Office staff has developed three policy memorandums to address safety and visitation based on the recommendations from the Visitation Workgroup.*

*j. Staff Training and Development met to discuss incorporating Visitation Workgroup recommendations into training for staff and foster parents. Central Office policy development staff met with Staff Development and Training to discuss recommendations from the Visitation workgroup, policy implications, and how to incorporate this information into BASIC and In-Service trainings. Below are highlights from the meeting:*

- The OJT will be done locally by the first line supervisors and CD specialists. Some of this will be included into the OJT material.*
- The Quality Improvement and Field Support staff is developing the power point and will be doing an initial round of training using the power point for the circuits and specialists.*
- This training will be reference in BASIC, but agreed cannot include the entire PowerPoint training*
- Older Youth-Foster parent training will include Ready Set Fly training which will now be part of the local in-service in addition to what is provided as in-service through STARS modules.*

**(S1.2.3) - *Strengthen policy regarding assessment of safety at and throughout placement.***

*a. Visitation Workgroup convened to review current visitation and safety policy. The Visitation Workgroup was convened and met for the first time in May 2005 to begin reviewing visitation policy throughout the child welfare manual.*

b. Visitation Workgroup presented recommendations on enhancing visitation and safety policies throughout the continuum of services to Executive staff. *The Visitation Workgroup completed their review of safety and visitation policies in the child welfare manual and submitted their recommendations in November 2005. This report was previously submitted as documentation.*

c. Developed policy regarding assessment of safety at and throughout placement. *Central Office staff has developed several policy memorandums addressing safety and visitation based on many of the recommendations from the Visitation Workgroup. Three policy memorandums have been developed.*

d. Staff Training and Development met to discuss incorporating Visitation Workgroup recommendations into training for staff and foster parents. *During an April 24<sup>th</sup> meeting, Central Office policy development staff met with Staff Development and Training to discuss recommendations from the Visitation workgroup, policy implications, and how to incorporate this information into BASIC and In-Service trainings.*

**(S1.2.4) – Practice Enhancement Teams (PET) assist Circuit Managers in development of improvement strategies to reduce repeat maltreatment and CA/N in foster care.** *All benchmarks in this action step have been completed.*

**(S1.2.5) – Strength policy and practice relating to chronic neglect and accumulation of harm.**

***Per CD's 4<sup>th</sup> quarter response, we are providing an update on the proposed evaluation grant, including benchmark updates.***

Tracking tool	S1.2.5.g Developed a tool for manual tracking of CN families to be utilized throughout pilot	P-Feb 06 R-May 06 A-
	S1.2.5.h Met with Regional and Circuit administrators to strategize about next steps and community forum.	P-Jun 06 A-
	S1.2.5.i Held community forum to gain support from stakeholder.	P-Jul 06 A-
	S1.2.5.j Initiated pilot.	P-Aug 06 A-
Evaluation report	S1.2.5.k CD staff evaluated short term output of pilot effectiveness.	P-Jan 07 A-

**(S1.2.6) – Develop performance-based contract for foster parents.**

c. Informed foster parents of PFDP criteria at assessment and reassessment. *The performance based criteria continues to be used as a guide for staff to address with foster parents at licensure and re-licensure.*

d. Identify plan to inform CD staff of new requirements for foster parents. A memo was disseminated to staff addresses resource provider training including the use of the Professional Family Development Plan.

<http://www.dss.mo.gov/cd/info/memos/2006/37/cd0637.pdf>

e. Trained CD staff on PFDP and how to assist family in developing and implementing the plan. Central Office staff developed and provided training to resource development workers in the entire Southern Region and the Northeast Region beginning in March 2006. A plan has been formulated to complete this training for remaining staff during June. A training agenda is attached.

f. Identified resources for foster families to use to successfully implement PFDP. It is the responsibility of the resource development worker to assist foster families to identify needs and resources required in their PFDP. The resource development workers know best what resources are available in their area and provide this information to foster families as needed.

**Safety Outcome 2: Children are safely maintained in their homes whenever possible and appropriate.**

**Item 3: Services to family to protect child(ren) in home and prevent removal.** Per 4<sup>th</sup> quarter negotiations, PRR IV-13 replaces IV-15.

**(S2.3.1) – Improve family assessment and case plan tools to better link service provision to the needs of family identified in the initial and ongoing assessments.**

e. Recommendations regarding changes made. All training sessions have been completed during February 2006. No additional training sessions are being added nor feedback solicited at this time.

**(S2.3.2) – Strengthen worker/supervisor skills in engaging families in the assessment, case planning and case plan review process to increase parent, caregiver and child involvement.**

f. PET teams annually analyzed family satisfaction survey data and PDR results for improvement with the expectation that circuits develop methods to improve. Consumer surveys are sent monthly and responses are recorded when received. However, survey results are posted on the CD's Intranet annually. The data for the 2005 surveys are have been posted and available for staff to review on the Intranet.

PDR results are provided to the circuits at the end of their review. The preliminary data which are tied to Outcome measures are provided to all participants at the meeting. Those measures that fall below the PDR expectation of acceptable are required to develop an improvement plan.

**(S2.3.3) – Improve supervisory capacity to monitor enhanced practice relating to case planning.**

g. System automation completed for supervisory case review tool. The Children's Division is dependent upon IT staff outside of the division to automate the SCR process and tool. The tool could have been implemented in the field on time without the self-scoring or data auto-population features, however, this would mean the tool will take much more time to complete and results for the survey could not be gathered into a database for monitoring use. We felt these features were crucial to supervisor buy-in and success of the review process. We worked with ITSD staff to incorporate these features into the process and feedback from users has been positive.

h. Supervisory case review tool and protocols approved and distributed for statewide use. During May and June 2006, supervisors across the state will be trained on the SCR process and tool. Additionally, the tool, local Excel spreadsheet and a PowerPoint training are all available on the CD intranet. The beginning of June a memo will go out to all staff informing them of the SCR process. The beginning of July the first sample of cases to be reviewed will be sent out to each circuit manager. QA Specialists will be responsible for monitoring their region's reviews and SCR results will be posted quarterly.

**(S2.3.4) – Establish procedures to access various service funding streams.** All benchmarks in this action step have been completed.

**(S2.3.5) – Per new legislation, develop comprehensive children's mental health plan to increase level of cooperation between court, mental health, child welfare and families.** All benchmarks in this action step have been completed.

**Item 4: Risk of harm to child.** PRR IV-13 was removed as a measure for this item per 4<sup>th</sup> quarter renegotiation.

**(S2.4.1) – Ensure consistent and accurate completion of SDM safety and assessment.** Refer to S1.2.1. All benchmarks in this action step have been completed.

**(S2.4.2) – Implementation of CSE process.** Refer to S1.2.2.

**(S2.4.3) – Implement enhance background screening for foster/adopt and court ordered providers.** All benchmarks in this action step have been completed.

**(S2.4.4) – Development of "Culture of Care Initiative" for improving safety and nurturance of children in a residential care setting.**

f. Measured through a reduction of the number of preponderance of evidence reports received by the residential treatment facilities. (Ongoing/Quarterly). There were three substantiated preponderance of evidence reports on licensed residential treatment facilities from January 1, 2006 through March 31, 2006.

(S2.4.5) – **Improve family assessment and case plan tools to better link service provision to the needs of the family identified in the initial and ongoing assessments; include a mechanism for family self-assessment and identified areas specifically related to child safety and risk concerns.** Refer to S2.3.1. All benchmarks in this action step have been completed.

**Permanency Outcome 1: Children have permanency and stability in their living situations.**

**Item 5: Foster care re-entries.** This item was found to be substantially achieved.

**Item 6: Stability of foster care placement**

(P1.6.1) – **Increase system capacity to accurately track placement kinship vendor types.**

d. Staff will convert existing data to reflect accurate placement types. Training was provided to QA and assigned staff from all the regions to begin converting court ordered placements to either relative or kinship placements in December. Conversion of these placement types were concluded at the end of February 2006.

e. Coding changes to be reflected in Quarterly Outcome Report. In Measure #17 of the Outcomes report - **Increase the number of children placed with relative providers** This is an unduplicated count of children placed with relatives during the quarter. Children are counted as being placed with relatives if they are in a licensed or unlicensed relative home. Children in kinship placements are not reflected in this measure. This information is included in the monthly Children's Services Management Report.

(P1.6.2) – **Improve diligent search for relatives/missing parents.** All benchmarks in this action step have been completed.

(P1.6.3) – **Expand use of family support team meetings to promote stability in alternative care placements.** All benchmarks in this action step have been completed.

(P1.6.4) – **Identify resource family types and shortages.**

d. Circuits reported quarterly progress on recruitment activities. Circuits are actively pursuing recruitment of additional foster parents by the following methods:

- Local pizza franchise agreed to put a flyer on each pizza delivered. The flyer advertises what a foster parent is, what the requirements are to be one and the need for more in the area.
- Local churches agreed to put notice in their flyers or bulletins for the need of more foster parents in their areas
- Foster parent appreciation banquet to be held for foster parents. A list of potential foster parents will be compiled based on this event

- *Flyers posted at local schools and throughout the community regarding the need for good foster parents.*
- *Open house held in circuit providing the public general information about foster care. The Open House advertised in the newspapers and an article about the need for foster parents.*
- *Circuits have had pens, pads of paper, lapel pins and ribbons made to distribute randomly informing the public of the need for more foster parents*
- *Recruitment meetings held at local schools and churches*
- *Foster parent support groups formed and local staff attend these meeting and promote bringing a friend to these meetings*
- *Numerous circuits have planned foster parent appreciation activities and foster parents are asked to bring a friend who could be a potential foster parent*
- *Flyers are placed in grocery bags at local supermarkets*
- *Letters to editors with need identified and statistics that show need for more foster parents*
- *Radio spots used*
- *Displays set up at local civic or community events*
- *Using the STARS training in process with many families being trained.*
- *Use ILP video at STARS training to show the need for foster homes for teenagers*
- *Recruitment efforts target specific areas such as homes for African-American males, older your and sibling groups. All staff are to engage in recruitment activities*

**(P1.6.5) – Increase number of resource families.**

g. Quarterly report on PBC contractors' performance on stated child outcome on safety, permanency and stability. *The attached Excel report provides information on progress of contractors toward achieving their outcomes which are designed for a 12 month period.*

**(P1.6.6) – Increase placement stability by improving matching capabilities for children in out-of-home setting.** *There are no benchmarks due during Quarter 5 for this action step.*

**(P1.6.7) – Evaluate support and training provided for relative/kinship resource families.**

a. Surveyed current relative caregivers on the adequacy of the Caregiver Who Knows the Child training curriculum. *At the end of the Caregiver Who Knows the Child Training, each participant is asked to complete the evaluation for the training. Initially it was decided that we would use the evaluation as the survey. After reviewing the evaluation, it was decided the evaluation did not meet our need. In February 2006 a survey was developed by a workgroup and distributed to 200 caregivers. The data will be collected and analyzed in March 2006. A copy of the survey is attached.*



b. Data collected and analyzed.

*Fifty of the 200 surveys were returned. Based on the returns, the group determined the caregivers approved of the curriculum, and found it to be helpful and did not need to develop a new training curriculum, but need to improve the following areas of the current manual:*

**Primary Areas of Focus:**

- *Understanding Permanency Goals*
- *Managing New Responsibilities*
- *Managing Stress & Staying Healthy*
- *Information regarding the Grievance Process.*

**Secondary areas of improvement are:**

- *Foster Parent Role in the FST*
- *The Impact of Separation & Loss on the Child*
- *Meeting Medical Needs*

*Central Office staff will send out the original chapters of the curriculum for review and revisions by the workgroup. The compiled draft will be reviewed by the team. A select sample of relative providers will review the draft material. The Caregivers will work with the workgroup to finalize the draft. The revisions will be available for review by CD administration.*

**Item 7: Permanency goal for child**

**(P1.7.1) – Ensure the frequency and timeliness of FST Meetings occurs per policy.**

*c. Circuit Managers assisted by PET monitored frequency data. There has been increasing concern during the past few months with the decline of the timely completion of FST meeting within 30 days and 6 months as reported in the Outcomes Report. This concern was addressed during the quarterly Big 8 Circuit conference calls. There appeared to be a lot of confusion surrounding timeframes, data accuracy and the difference between a FST and PPR. A policy clarification memo was disseminated to staff in April. <http://www.dss.mo.gov/cd/info/memos/2006/39/cd0639.pdf>*

**(P1.7.2) – Improve quality of FSTs to ensure permanency goal is reviewed and established.** *All benchmarks in this action step have been completed.*

**(P1.7.3) – Strengthen policy and practice relating to concurrent planning.** *Benchmarks in this action step are not due this quarter or were previously met.*

**(P1.7.4) – Increase collaboration with courts by providing cross training to judiciary, court staff, GALs and CD staff on ASFA & permanency hearings consistent with state and federal regulations.**

P1.7.4.f Training implemented by CD/OSCA to include concurrent planning training (Ongoing). A collaboration workshop involving multi-disciplinary teams from five judicial circuits, was conducted in Jefferson City from February 27-March 1, 2006. The goals of the workshop were to promote a common understanding of the language and concepts of collaboration; promote team building; enable teams to articulate their vision, values, and mission; educate teams about group dynamics and how to examine the dynamics of their own groups; enable teams to understand the team lifecycle and assess their own place on that cycle; instruct teams on how to create an action plan to strengthen their collaboration; and allow teams to share common experiences with one another.

Teams from nine judicial circuits applied to participate in the workshop. Selection was based primarily on the team's history of working together and on an assessment by the applicants of why improving collaboration is critical at this time. Each team was to consist of six members, comprised of at least two representatives from the juvenile courts and two representatives from the Children's Division. It was recommended that a judge who hears child abuse/neglect cases be included as a member of the team. All members were to sign a memorandum of understanding, expressing a commitment to participate in the workshop and all of its activities.

Information about a video teleconference on best practices and creative strategies for implementing concurrent planning presented at 6 locations will be provided in the 6<sup>th</sup> quarter update.

#### **Item 8: Reunification, guardianship, or permanent placement with relatives**

**(P1.8.1) – Address permanency and service needs of children in Legal Status 2, 3, and 4.**

P1.8.1.f Developed policy and protocol on worker duties related to legal status 2, 3, and 4 cases. This memo was previously drafted some months ago. However in clarifying protocols in policy to reflect good social work practice to assure the safety and meeting the permanency needs of children, this benchmark was included in the responsibility of the Visitation Workgroup with a renegotiated distribution date of May 2006.

**(P1.8.2) – Establish procedures to access various funding streams.** Refer to S2.3.4. All benchmarks in this action step have been completed.

**(P1.8.3) – Ensure frequency and timeliness of FST Meetings occurs per policy.** Refer to P1.7.1. All benchmarks in this action step have been completed.

**(P1.8.4) – Improve quality of FST to assure the review of permanency goal.** Refer to P1.7.2. All benchmarks in this action step have been completed.

**(P1.8.5) – Increase collaboration with courts by providing cross training to new judiciary, court staff, CD staff and GAL's on ASFA and Permanency hearings**

**consistent with state and federal regulations.** Refer to P1.7.4. All benchmarks in this action step have been completed.

(P1.8.6) – **Increase collaboration with courts by providing cross training to judiciary, court staff, GAL's and CD staff regarding roles and responsibilities.** All benchmarks in this action step have been completed.

(P1.8.7) – **Collaborate with OSCA to explore barriers that would allow Juvenile Courts to enter temporary custody orders and transfer jurisdiction to Probate & Circuit Courts to expedite guardianship.** All benchmarks have been completed for this action step.

(P1.8.8) – **Determined policy remedy to be used in addition or in lieu of any legislative change referred in P1.8.7.** Refer to P1.6.1.

#### **Item 9: Adoption**

(P1.9.1) – **Termination of Parental Rights will be filed in a timely manner, except when compelling reasons are documented.**

d. Policy disseminated to staff and supervisory oversight. This memo was disseminated to staff in May 2006. Due to this memo being extremely late, it is being submitted in this update. <http://www.dss.mo.gov/cd/info/memos/2006/cd0653.pdf>.

e. Incorporated into Basic training. TPR and compelling reasons changes have been included in BASIC. Due to the tremendous delay of this memo being sent out to staff, Staff Development and Training worked with the policy unit to add changes/updates while the memo was going through the approval process.

f. Quarterly monitoring by PRR. In CY 2005, the average PRR results indicated that filing TPR when a child has been in care for 15 out of the most recent 22 months or compelling reasons were documented occurred 88 percent of the time. For the first quarter of CY 2006, the percentage increased to 91 percent. This measure will be monitored to determine policy impact during subsequent quarters.

(P1.9.2) – **Increase number of resource families.** Refer to P1.6.5.

(P1.9.3) – **Increase capacity to conduct home studies and finalize adoptions.** All benchmarks have been completed for this action step.

(P1.9.4) – **Improve access to legal representation for CD staff.**

e. CD legal representation at court hearings monitored by CD/DLS joint committee for improvement. Ongoing. During the past quarter the joint committee has met to review the process that was set in place by the protocol. Quarterly meetings are available between the DLS attorney assigned to the circuit and the Circuit Manager to discuss

issues of significance to the region; staff TPR cases or any concerns the region may have. DLS is the support division for DSS however they provide legal representation for CD in approximately 97 percent of the cases opened during FY 05.

**Item 10: Other planned living arrangement**

(P1.10.1) – **Increase number and quality of resource families for older youth.**

Refer to P1.6.5.a-e. The remaining benchmarks have been completed.

(P1.10.2) – **Increase awareness of Chafee program services to staff and community members.**

c. ILP staff provided Chafee informational meetings, seminars, workshops to CD staff, foster parents, juvenile court, and youth serving agencies. Ongoing ILP staff continuously are involved with Case Managers and community youth serving agencies. Some of the activities include:

- Quarterly advisory committee meetings with the Missouri Mentoring Partnership.
- Attendance at PET team meeting to discuss Chafee and TLP.
- Attendance at many FST meetings with youth.
- Child Advocacy Day held on January 31, 2006.
- Hosted quarterly TLP provider meeting to update all providers on Chafee services and anticipated changes.
- Met with colleges and universities on working with adolescents.
- Participated in residential reviews.
- Monthly or quarterly meetings with RHY providers.
- Participated in STARS and BASIC trainings.
- Involved youth in community fund raising projects.

(P1.10.3) – **Increase program accessibility to provide life skills training services for older youth.**

c. Consulted with SYAB members on needs of older youth. Quarterly meetings are held with youth to solicit their input.

**Permanency Outcome 2 - The continuity of family relationships and connections is preserved for children.**

**Item 11: Proximity of foster care placement.** This item was found to be substantially achieved.

**Item 12: Placement of Siblings.**

(P2.12.1) – **Increase the number of siblings placed together.** Per the Visitation Workgroup Implementation Plan, benchmark e-g has been revised. Benchmarks d and e are indicated below, while f and g are not due until next quarter.

c. Circuit Managers monitored quarterly PRR results and improvement plans developed. When possible and in the children's best interest sibling placement is a priority. Emphasis is placed on keeping sibling together. Other efforts made to improve results include:

- *Increasing the number of children for which foster parents can be licensed.*
- *Stressing the importance of sibling placement during foster parent training.*
- *Provide joint trainings with juvenile office on the importance of sibling placement.*
- *Use of relative/kinship home to keep siblings together.*
- *Holding a FST prior to separating siblings.*
- *Accessing training from Early Head Start regarding the impact of separation on attachment.*

d. Visitation Workgroup presented recommendations on preserving sibling ties. A copy of the Visitation Workgroup recommendations report was presented to the Executive team during their regular meeting for review and input in November 2005.

e. Developed policy requiring a FST prior to separating siblings. A memo and policy updates were drafted during April 2006.

(P2.12.2) – **Develop an ongoing training module regarding sibling placements for staff, foster parents, and juvenile court staff.** Benchmarks in this action step are not due this quarter or were previously met.

(P2.12.3) – **Increase capacity for resource families that accept sibling groups.** Refer to P1.6.5.

### **Item 13: Visiting with Parents and Siblings in foster care.**

(P2.13.1) – **Increase frequency and quality of parent/child and sibling visits.** Per the Implementation Plan, the benchmarks in this action step have been revised. Refer to Matrix for changes.

a. Visitation Workgroup presented recommendations on preserving sibling ties. The recommendations reported presented in November 2005 to the Executive team includes recommendations on preserving sibling ties.

b. revised policy to improve qualitative and quantitative visitation plan requirements. Central Office staff has developed several policy memorandums addressing safety and visitation based on the recommendations from the Visitation Workgroup. Three policy memorandums have been developed. This memo due out by the end of May will be the third and last of the series.

**Item 14: Preserving connections.** Per 4<sup>th</sup> quarter negotiation, the method of measurement for Relative Placement CD-Outcomes #17 will include children in Legal Statuses 1-4. Previous data only captured LS 1 children.

**(P2.14.1) – Increase emphasis on preserving familial and community connections for children in out of home care.**

d. Developed state plan to address preserving connections. Policy enhancements to the Child Welfare Manual that addresses the CD's philosophical base regarding the preservation of family and community connections was disseminated statewide to staff during April 06.  
<http://dssweb/cs/memos/2006/41/cd0641.pdf>

**(P2.14.2) – Improve diligent search for relatives/missing parents.** Refer to P1.6.2. All benchmarks in this action step have been completed.

**(P2.14.3) – Revise ICWA policy.** All benchmarks in this action step have been completed.

#### **Item 15: Relative Placement.**

**(P2.15.1) – Increase system capacity to accurately track placement kinship vendor type.** Refer to P1.6.1.

**(P2.15.2) – Improve diligent search for relatives/kinship resource families.** Refer to P1.6.2. All benchmarks in this action step have been completed.

**(P2.15.3) – Evaluate support and training provided for relative/kinship resource families.** Refer to P1.6.7.

#### **Item 16: Relationship of child in care with parents.**

**(P2.16.1) – Improve diligent search for non-custodial parent.** Refer to P1.6.2. All benchmarks in this action step have been completed.

**(P2.16.2) – Improve engagement of non-custodial parents in case planning by strengthening worker/supervisor skills in engaging families in the assessment, case planning and case plan review process. Increase parent, caregiver (alternative care provider) and child involvement in case assessment, plan development and reassessment.** Refer to S2.3.2.

### **Well Being Outcome 1 – Families have enhanced capacity to provide for children's needs**

**Item 17: Needs and services of child, parents, and foster parents.** PRR III-3, III-10 and IV-15 have been removed as a method of measurement from the matrix per 4<sup>th</sup> quarter negotiation. IV-13 has been added.

**(WB1.17.1) – Improve family assessment and case plan tools to better link service provision to the needs of the bio family identified in the initial and ongoing assessments.** Refer to S2.3.1. All benchmarks in this action step have been completed.

(WB1.17.2) – **Strengthen worker’s skills in engaging families in the assessment, case planning and case plan review processes to increase parent, caregiver (alternative care provider) and child involvement in case assessment, plan development and reassessment.** Refer to S2.3.2.

(WB1.17.3) – **Implementation of “Confirming Safe Environments” to reduce the risk for children in foster/kinship care to identify needs of child and providers.** Refer to S1.2.2.

#### **Item 18: Child and family involvement in care planning**

(WB1.18.1) – **Maximize parental/family participation in Family Support Team Meeting.** Refer to S2.3.2.

(WB1.18.2) – **Improve the quality of Family Support Team Meeting.** Refer to P1.7.2. All benchmarks in this action step have been completed.

(WB1.18.3) – **Review and further develop a handbook, to be distributed at the point of removal, to educate parents on their rights and responsibilities, Court procedures, etc.**

d. Solicited consumer feedback on parent handbook. The Parent Handbook is currently being piloted in 5 circuits. Each handbook provides a survey for the parent to complete. Feedback is being solicited from both parents and workers. The pilot will be concluded on May 31, 2006.

#### **Item 19: Worker visits with Child – Improve quantity and quality**

(WB1.19.1) – **Develop policy addressing the quality of visits to incorporate case planning, service delivery and goal attainment.** Benchmarks c-h have been revised due to the Visitation Workgroup Implementation plan.

c. Visitation Workgroup presented recommendations on how visitation is critical in timely reunification to executive staff. A copy of the Visitation Workgroup recommendations report was presented to the Executive team during their regular meeting for review and input in November 2005.

d. Recommendations reviewed by executive staff. Executive staff approved all the recommendations of the workgroup without a fiscal impact during the in person meeting in January 2006.

e. Policy drafted. The third and last policy memo from the recommendations of the Visitation Workgroup has been drafted and is scheduled to be disseminated at the end of May 2006.

**WB1.19.2) – *Increase policy compliance for frequency of worker visits for intact and out-of-home cases.***

a Achieved progress in caseload equalization by developing quarterly circuit workload reports. (Quarterly). *The following are steps taken by various circuits to address this benchmark.*

- Developed a workload equalization chart that used the COA standards.
- Caseload stats are updated on a monthly basis and new cases assigned accordingly.
- Convened Monthly Stats sheet workgroup to develop monthly stats report.
- Use of the end of the month report to monitor and stabilize work loads.

**(WB1.19.3) – *Tracking system to track worker visits (date/site)* –**

CD will not be committing additional resources to make enhancements to the ACTS and FCS systems to track worker visits due to being in the process of converting Case Management information into SACWIS. Statewide conversion is anticipated during the first quarter of CY 2007. Since we will not be able complete these benchmarks until after the two year PIP period, we are proposing a rewrite of the benchmarks in this action step as indicated.

WB1.19.3.a Reviewed the FCS section of the Family Satisfaction survey on monthly worker visits with the family.	P-Feb 06 A-Feb 06
WB1.19.3.b Reviewed the youth portion of the Family Satisfaction survey on bi-monthly worker visits with the out-of-home care child.	P-Feb 06  A-Feb 06
WB1.19.3.c PET teams annually analyzed family satisfaction survey data	P-Apr 06 A-Apr 06
WB1.19.3.d Worked with ITSD staff to include worker visit information (with child, parents, foster parents) and sibling visits in the Outcome Reports when converted to SACWIS.	P-May 06  A-

a. Reviewed the FCS section of the Family Satisfaction survey on monthly worker visits with the family. *The FCS Family Satisfaction survey results are posted on CD's Intranet annually. Staff can view results on gender, race and age of children by regions.*

b. Reviewed the youth portion of the Family Satisfaction survey on bi-monthly worker visits with the out-of-home care child. *The FCS Family Satisfaction survey results are posted on CD's Intranet annually. Staff can view results on gender, race and age of children by regions.*

c. PET teams annually analyzed family satisfaction survey data. *During April 2006, the QA Unit reviewed and analyzed survey results. QA Specialists were required to submit to the QA Manager their regional report based on analysis of the data for their region in May 2006. In June, the QA Specialists will provide survey data to the Regional Directors.*



**Item 20: Worker visit with parent(s)**

(WB1.20.1) – **Strengthen worker relationships with biological or adoptive parents.**

a. Protocols established in WB1.19.1 c included in adoptive parent training. *Due to the Implementation plan renegotiations his benchmark should now refer to WB1.19.1g to reflect training on policy enhancements for all resource parents.*

(WB1.20.2) – **Refer to WB1.19.1, WB1.19.2 and WB1.19.3**

**Well Being Outcome 2 – Children receive services to meet their educational needs**

**Item 21: Children receive appropriate services to meet their educational needs**

WB2.21.1) – **Improve working relationship among Children’s Division, Department of Elementary and Secondary Education (DESE) and local school districts.** *All benchmarks in this action step have been completed.*

(WB2.21.2) – **Improve the flow of educational records and reports when children transfer schools.** *All benchmarks in this action step have been completed.*

(WB2.21.3) – **Decrease the incidence of educational neglect, truancy and suspension of children in care.** *All benchmarks in this action step have been completed.*

(WB2.21.4) – **Decrease the incidence of educational neglect, truancy and suspension of children for intact families.** *All benchmarks in this action step have been completed.*

**Well Being Outcome 3 – Children receive adequate services to meet their physical and mental health needs**

**Item 22: Physical health of the child**

(WB3.22.1) – **Increase ability of Children’s Division staff and families to access available dental resources.** *All benchmarks in this action step have been completed.*

(WB3.22.2) – **Increase capacity of staff to assess medical needs of children in intact families.** *All benchmarks in this action step have been completed.*

**Item 23: Mental health need of the child**

(WB3.23.1) – ***Increase the ability of Children’s Division staff and families to access available mental health resources.*** All benchmarks in this action step have been completed.

(WB3.23.2) – ***Increase awareness of staff and foster parents regarding attachment and mental health issues.***

b. Increased the number of staff and foster parents trained on Working with the Explosive Child (See Training matrix). (Ongoing Semi-annually)

c. Increased the number of staff and foster parents trained on Grief and Loss (See Training Matrix). (Ongoing semi-annually)

*Efforts to increase the number of staff who are trained on Working with the Explosive Child and on Grief and Loss include:*

- *Supervisors and intake workers attended an attachment training presented by Dr, Jacqueline Ellis.*
- *Mental Health issues and attachment are discussed with Foster Parents through STARS training and through a variety of in-service trainings offered to them.*
- *Local health provider trained staff and foster parents on self-mutilations.*
- *BFC consultant is being utilized to work individually with foster parents of children who have these specific needs.*
- *Guest speakers are invited to attend circuit staff meetings to present on various mental health topics.*
- *Training on Working with the Explosive Child presented to foster parents at the Foster Parent Banquet in May.*
- *Staff are encouraged to attend agency sponsored and non-agency sponsored trainings, workshops and seminars to advance their know base and skill level.*
- *Foster parents are notified of training through the Foster Parent newsletter.*
- *Local hospital provides training in this area free of charge. All foster parents are invited to attend these free trainings*
- *Some in-service training has been made available to foster parents through contracted providers throughout the state*

(WB3.23.3) – ***Increase capacity of staff to assess mental health needs of children in intact families.***

b Circuit Managers evaluated SCRT results and developed practice improvement strategies as needed. (See S2.3.3 a-f). (Ongoing quarterly) *During May and June 2006, supervisors across the state are being trained on the SCR process and tool. During the beginning of June a memo will go out to all staff informing them of the SCR process. At the beginning of July the first sample of cases to be reviewed will be sent out to each circuit manager. While the results are immediately available to the supervisor. The supervisor can forward their review results to the Circuit Manager. Individual review results will be sent to a Central Office database. We anticipate that we will post aggregate results on the CD Intranet on a quarterly basis beginning in November.*

## **Systemic Factors**

**Item 24: System can identify the status, demographic characteristics, location and goals of children in foster care.** *This item was found to be substantially achieved.*

**Item 25: Provides a process that ensures that each child has a written case plan to be developed jointly with the child's parent(s) that includes the required provisions.** *The method of measurement PRR IV-15 was changed during the annual meeting in March to PRR IV-8.*

**(25.1) – Improve family assessment and case plan tools to better link service provision to the needs of the family identified in the initial and ongoing assessments.** *Refer to S2.3.1. All benchmarks in this action step have been completed.*

**(25.2) – Strengthen worker/supervisor skills in engaging families in the assessment, case planning and case plan review process to increase parent caregiver (alternative care provider) and child involvement in case assessment, plan development and reassessment.** *All benchmarks in this action step have been completed.*

**(25.3) – Improve supervisory capacity to monitor practice linking the assessment with the overall plan.** *Refer to S2.3.3.*

**(25.4) – Maximize parental/family involvement in Family Support Team Meetings.** *Refer to S2.3.2. All benchmarks in this action step have been completed.*

**(25.5) – Improve staff facilitation skills for Family Support Team Meetings.** *There are no benchmarks due for this action step in Quarter 5.*

**Item 26: Process for 6-month case reviews**

**(26.1) – Revised current policy to clarify an Administrative Review and requirements.** *All benchmarks in this action step have been completed.*

**(26.2) – Recruit 3<sup>rd</sup> party participants for Administrative Reviews.**

b. Circuit Managers recruited and trained a pool of qualified volunteers to participate in six month administrative reviews. *All regions have recruited and train some third party reviewers. However, recruitment and training must be ongoing in order to keep a pool of third party reviewers available. Some of the activities include:*

- *Invitations sent to community resources for informational meetings to recruit third party reviewers*
- *Held recruitment meetings and secured names of interested parties and have utilized them in the PPRT process*

- Utilizing Senior Services or FSD staff as third party reviewers
- Ministers, Retired School Teachers, Mental Health providers in community will assist
- Retired staff who know the system well are utilized as third party reviewers
- Staff made aware of all names on list
- Supervisors are responsible for distribution of list
- Most of those recruited are very familiar with the Missouri Child Welfare System and no additional training necessary
- Plans have been made to train third party reviewers that have no knowledge or background in the public child welfare system.

**(26.3) – Increase ability to track 6 month Administrative Reviews separately from FSTs.** All benchmarks have been completed in this action step.

**Item 27: Provides a process that ensures that each child in foster care under the supervision of the state has permanency hearing in a qualified court or administrative body no later than 12 months from the date the child entered foster care and no less frequently than every 12 months thereafter.**

**(27.1) – Improve access to legal representation for CD.** Refer to PI.9.4. All benchmarks have been completed in this action step.

**(27.2) – Implement training to develop testifying skills for CD staff.**

e. Based on evaluation and technical assistance curriculum modified. The curriculum was reviewed and approved by DLS. NRC shared written materials for consideration. The revisions were completed in March 06.

**(27.3) – Increase the timeliness of 12 month Permanency Hearings.**

j. Incorporated new FST policy into BASIC and OJT training. The policy clarification relating to FST and PRR was distributed to staff on April 7, 2006. The new policy was added into BASIC in April and is being trained as part of the current session.

<http://www.dss.mo.gov/cd/info/memos/2006/cd0650.pdf>

**(27.4) – Provide cross training to judiciary, court staff, GALs and Children’s Division staff on ASFA and Permanency Hearings consistent with state and federal regulations.** Refer to P1.7.4. All benchmarks in this action step have been completed

**Item 28: Provides a process for termination of parental rights proceedings in accordance with provisions of ASFA.**

**(28.1) – Improve access to legal representation for CD.** Refer to P1.9.4. All benchmarks in this action step have been completed

(28.2) - **Strengthen worker/supervisor skills in engaging families in the assessment, case planning and case plan review process to increase parent, caregiver(alternative care provider) and child involvement in case assessment, plan development and reassessment.** Refer to S2.3.2.

(28.3) – **Termination of Parental rights will be filed in a timely manner, except when compelling reasons are documented.** Refer to P1.9.1.

(28.4) – **Improve diligent search for relatives/ parents.** Refer to P1.6.2. All benchmarks in this action step have been completed

(28.5) – **Collaborate with OSCA to amend 211.227 RSMo to ensure consistency w/ASGA requirements regarding filing of TPR petitions w/in 60 days of a judicial determination that the child is an abandoned infant, or that no Reasonable efforts are required.** Benchmarks in this action step are not due this quarter or were previously met.

**Item 29: Provides a process for foster parents, re-adoptive parents, and relative caregivers of children in foster care to be notified of and have an opportunity to be heard in, any review or hearing held with respect to the child.**

(29.1) – **Increase ability of foster parents to be notified of and heard in court.** All benchmarks in this action step have been completed.

**Item 30: Standards to assure quality services and ensure children's safety and health** - This item was found to be substantially achieved.

**Item 31: Identifiable QA system that evaluates the quality of services and improvements** - This item was found to be substantially achieved.

**Item 32: Provision of ongoing staff training that addresses the necessary skills and knowledge** - This item was found to be substantially achieved.

**Item 33: Ongoing training for staff**

(33.1) – **Develop supervisory training for front line supervisors.** Benchmarks in this action step are not due this quarter or were previously met.

(33.2) – **Develop advanced in-service training module for investigations and assessment.** All benchmarks in this action step have been completed.

(33.3) – **Develop advanced in-service training module for Family-Centered Services.**

g. Professional Development and Training began training advanced Family-Centered Services training module and made revisions. Staff Development and Training (SD&T)

*piloted the Family Centered-Services in-service training in St. Louis County during January 2006. Training evaluations and input from the trainees were used to fine tune the curriculum in February. In the next several months SD&T are planning to train a few more stand alone sessions to further refine the curriculum.*

**(33.4) – Develop advanced in-service training module for Family-Centered Out-of-Home Care Services.**

e. CD Administration approved advanced Family-Centered Out-of-Home Care Services in-service training module. *Addressed in the 4<sup>th</sup> quarter update.*

f. Professional Development and Training began training advanced Family-Centered Out-of-Home Care Services curriculum in one metro and one rural site. *Addressed in 4<sup>th</sup> quarter update.*

g. Professional Development and Training evaluated advanced Family-Centered Out-of-Home Care Services training module and made revisions. *The field test training of the FCOOHC in-service was completed on February 28, 2006. Revisions have been made based on feedback and recommendations.*

**(33.5) – Enhanced On-The-Job (OJT) Training.** *Per 4<sup>th</sup> quarter renegotiation, benchmarks d-i have been added.*

<i>33.5.d Created a core team consisting of social work specialists, supervisors, workers and trainer to enhance the provision of On-the-Job Training (OJT).</i>	<i>P-Jan 06 A-Jan 06</i>
<i>33.5.e Identified core skills/ competencies that CD will expect new staff to have after completing BASIC.</i>	<i>P-Apr 06 A-Apr 06</i>
<i>33.5.f Beginning skills guide to be developed for use by supervisors.</i>	<i>P-Apr 06 A-Apr 06</i>
<i>33.5.g Supervisors commented on the skills/guide list.</i>	<i>P-Jun 06 A-</i>
<i>33.5.h Skills guide modified after comment periods.</i>	<i>P-Jun 06 A-</i>
<i>33.5.i Skills guide/list available for statewide use by supervisors.</i>	<i>P-Aug 06 A-</i>

d Created a core team consisting of social work specialists, supervisors, workers and trainer to enhance the provision of On-the-Job Training (OJT). *Members of the core team consist of:*

*Lanette Bowring – NE Region Children Services Specialist  
Jody Scherer – SW Region Children Services Specialist  
Stacie Lee – SE Region Children Services Specialist  
Krista Mansholt – St. Louis Co. Children Services Specialist  
Elizabeth Schwach – St. Louis Co. Supervisor*

Cindy Miller – Training Unit Manager  
Julia Adami – Circuit Manager, 2<sup>nd</sup> circuit

e. Identified core skills/competencies that CD will expect new staff to have after completing BASIC. The competencies to be used are those currently used in Child Welfare Practice Training. See attached.

f. Beginning skills guide to be developed for use by supervisors. *The attached Supervisor's guidebook has been sent for front line supervisors in selected circuits to use and comment.*

(33.6) – **Create training advisory committee to annually assess needs and evaluate training.** *Benchmarks in this action step have been renegotiated and due in subsequent quarters.*

33.6.a Professional Development and Training created state training advisory committee, including schools of social work.	P-Mar 05 R-Oct 06 A-
33.6.b Advisory committee developed a mission statement.	P-Apr 05 R-Oct 06 A-
33.6.c Advisory Committee developed a written plan for assessing training needs	P-May 05 R-Nov 06 A-
33.6.d Advisory Committee developed a written plan for evaluating training needs	P-May 05 R-Nov 06 A-
33.6.e Plan submitted to CD administrators for approval	P-Jul 05 R-Dec 06 A-

(33.7) – **Develop Child Abuse and Neglect Training (CA/N) Institute for CD staff.** *All benchmarks in this action step have been completed.*

(33.8) – **Provide training based on circuit specific needs.** *All benchmarks in this action step have been completed.*

**Item 34: Provision of training for caregivers and adoptive parents that addresses the necessary skills and knowledge.** *This item was found to be substantially achieved.*

**Item 35: Service array**

(35.1) – **Increase access and availability to dental services.** *Refer to WB3.22.1. All benchmarks in this action step have been completed.*

(35.2) – **Increase the ability of staff and families to access Alcohol and Drug Abuse Services (ADA).** Benchmarks in this action step are not due this quarter or were previously met.

(35.3) – **Increase availability of specialized foster homes for older youth, siblings, disabled and medically fragile children.** Refer to P1.6.5.

(35.4) – **Increase availability of and access to parenting classes and family/parent aide services.**

b. Developed performance based CTS contracts for family/parent aide and parenting class service. Children's Treatment Services (CTS) are intended to supplement the casework of staff. These services, including family/parent aide services are used to reduce risk and improve family functioning and are currently available in each region. The overall quality of the service delivered by the treatment provider must be evaluated constantly by local staff to ensure that family members receive appropriate intervention. Other than addressing provider compliance and effectiveness issues, it is virtually impossible to develop one statewide fee for service performance contract.

In the current contract, if a provider's level of effectiveness is not adequate, local staff must take steps to address concerns with the provider. Documented continued ineffective service may result in the withdrawal of authorizations.

For compliance staff looks at the following issues:

- Did the provider begin service delivery promptly?
- Was the provider's initial 30-day report received on time?
- Is the provider available to discuss the service delivery and results with staff?
- Were the provider's subsequent 60-day reports received in a timely manner?
- Did the provider consistently report changes?

The following issues are considered when evaluating the effectiveness of the contracted service provider:

- Did the provider establish a constructive relationship with household members?
- Were the provider's activities appropriate?
- Has there been progress toward achieving desired outcomes for the family?
- Do family members feel they have benefited from the service?
- Does the provider identify specific areas of progress or benefit for the family?

While the Contract Management Unit has convened a work group to revise the current contract, we do not anticipate any major changes to the RFP than what is currently in the contract.

(35.5) – **Increase services to meet the needs of non-English speaking consumers.** All benchmarks in this action step have been completed.



(35.6) – **Increase availability of transportation services.** All benchmarks in this action step have been completed.

**Item 36: The services in item 35 are accessible to families and children in all political jurisdictions covered in the State’s CFSP.** See Item 35 1-6.

**Item 37: The services in item 35 can be individualized to meet the unique needs of children and families served by the agency.**

(37.1) – **Increase access to existing services.** See item 35 1-6.

(37.2) – **Strengthen work/supervisor skills in engaging families in the assessment, case planning and case plan review process to increase parent, care giver (alternative care provider) and child involvement in case assessment, plan development and reassessment.** Refer to S2.3.2.

**Item 38: Engages in ongoing consultation with critical stakeholders in developing the CFSP.** This item was found to be substantially achieved.

**Item 39: Develops annual progress reports in consultation with stakeholders.** This item was found to be substantially achieved.

**Item 40: Coordinates services with other federal programs.** This item was found to be substantially achieved.

**Item 41: Standards for foster family and child care institutions.** This item was found to be substantially achieved.

**Item 42: Standards are applied equally to all foster family and child care institutions.** This item was found to be substantially achieved.

**Item 43: Conducts necessary criminal background checks.** This item was found to be substantially achieved.

**Item 44: Diligent recruitment of foster and adoptive families that reflect children’s racial and ethnic diversity**

(44.1) – **Increase the number of resource families.** Refer to P1.6.5.

**Item 45: Uses cross jurisdictional resources to find placements.** This item was found to be substantially achieved.



# **PROGRAM IMPROVEMENT PLAN**

## **QUARTER 6 PROGRESS REPORT**

**May 2006 – July 2006**

**SUBMISSION DATE:**

**August 29, 2006**

## Quarter 6 Accomplishments

The following is summary of activities completed during Quarter 6 (May 2006 to July 2006) of the Program Improvement Plan.

### **Safety Outcome 1: Children are, first and foremost, protected from abuse and neglect.**

#### **Item 1: *Timeliness of initiating investigations of reports of child maltreatment***

**(S1.1.1) – Clarify policy regarding timeliness of initiating reports of child maltreatment.** All benchmarks in this action step were met during Quarter 1.

**(S1.1.2) – Increase accuracy of data regarding initial contact.**

d. Circuit Managers and the assisting QA Specialists monitor quarterly Peer Record results and make recommendations for improvements.

- *Analysis and comparisons was conducted across all CA/N workers and CA/N units in the circuit for CY 2004 & 2005 and results distributed to circuit manager, CA/N supervisors and program managers for planning and monitoring purposes.*
- *Data Accuracy training is being provided to all CD staff and topics include initial contact.*
- *Charts on all PIP measures are updated and disseminated to all CD staff in the circuit each quarter.*
- *The importance of meeting the initial contact time has been stressed in staff meetings and the clarification that certain multi-disciplinary members can be counted as making those initial contacts has helped.*
- *The Circuit Manager pulls up the Managed Reporting Tool monthly to review the staff's members, percentage of initial contact made within 3, 24, or 72 hours and their completion rate within 30 and 45 days.*
- *Circuit Managers and CA/N Supervisor are utilizing a CA/N review tool on two random cases per worker per month.*
- *QA Specialists provide ongoing data to the Regional Director. The Regional Director shares the data with Managers, Supervisors and with Family Court. The QA Specialist provides data on how well the workers are doing in making the initial contact in the period by using the worker analysis provided by the Data Manager.*
- *Supervisors have been instructed to meet weekly with their staff to monitor compliance to policy. These weekly meeting are being monitored by Program Managers to ensure compliance.*

**(S1.1.3) – Study feasibility for alternative protocols for managing non CA/N referral.** All benchmarks in this action step have been met.

**(S1.1.4) – Develop improvement plan to respond timely to reports of maltreatment.** All benchmarks in this action step have been completed.

**(S1.1.5) – Call Management and Structured Decision Making (SDM) Protocols Implemented at the Child Abuse and Neglect Hotline Unit to provide consistent screening and classification of calls received.**

g. Collected and analyzed PRR tool results for practice enhancements.

Of the 1255 reviews recently conducted, 94% of the reviews were concluded in ten minutes or less. The average review time for those reviews (1183 of the 1255 reviews) was 3.2 minutes. 577 CA/Ns (comprising 1156 reviews as one CA/N was reviewed by four people) were reviewed by two or more staff while 99 were reviewed by one person. Of the 577 calls reviewed by two or more people, complete agreement was reached by the reviewers for 68% (393) of the calls reviewed. An additional 27% of the reviews had consensus on at least four of the six questions on the instrument. In the reviews of the 577 calls reviewed by two or more staff, the reviewers agree on whether the call passed or failed each individual question 80.6% (465).

The record review tool still seems to achieve the goal of being a quick to complete instrument for reviewing calls. Dual reviews (each case being reviewed by two staff) may be disbanded at this time with the concurrence of management as conformity has improved. While we had initially established a goal of 90% conformity for each question we have achieved conformity on whether a call passes or fails each particular question in excess of 89% of the time. At this time I believe staff can feel comfortable using the results of the Peer Record Reviews in the quality improvement process.

**(S1.1.6) – Revised policy relating to non CA/N referrals (M,P,N) given the division's need to better address its core functions and statutory mandates, with existing available resources.**

e. Modified proposed plan, if needed, based on recommendations of the Regional Directors. The proposed plan for information dissemination on practice changes for non CA/N calls was shared with the Regional Directors on May 31, 2006 during their monthly meeting. No additional recommendations or changes were made.

f. Shared proposed plan with CJA taskforce. The proposed plan was shared with the CJA Taskforce at the June 14, 2006 meeting.

g. Shared CJA taskforce recommendations with CD administration. CJA taskforce members provided limited feedback on the proposed plan. Comments include:

- CD pays for services when other resources may be more appropriate.
- Ensure there is a mechanism in place to assure that someone will follow up with referrals that may place a child in crisis.
- Suggested the Children's Trust Fund provides education to general public related to prevention.

- *Develop a 211 directory similar to Jackson County's United Way 211 directory. The United Way 2-1-1 is available in the extended Kansas City metro area, including 23 counties in western Missouri and eastern Kansas. Calls are answered 24 hours a day, 7 days a week by trained professionals who have immediate access to resources and information and can help callers determine which programs or services are best equipped to help.*

*These recommendations were shared with CD administration at the monthly executive staff meeting on July 20, 2006.*

## **Item 2: Repeat maltreatment**

### **(S1.2.1) – Ensure consistent and accurate completion of SDM safety and risk assessment.**

d. Evaluated SDM Peer Record Review Outcomes. *The PRR results indicated that average rate of completion for the SDM Safety Assessment (CPS-1) for the second quarter of 2006 was 93 percent. Some activities associated with maintain a high completion rate includes:*

- *QA Specialist gives statistical data to Regional Director on quarterly basis to show progress or lack of progress. Data is shared with Program Managers, Supervisors, and with Family Court.*
- *The Circuit Self-assessment Workgroup (PET TEAMS) –CA/N 24 hour and 30 day is developing a tip sheet for CA/N Staff to locate families, along with a Tool Kit for CA/N workers to follow to expedite initial contact and completion of CA/N reports.*
- *To help ensure that the initial response time frames are met on a continual basis, Supervisors and Circuit Managers will attend Hotline Supervisors Meeting facilitated by Field Support Manager. In addition, monthly Supervisor Meetings will focus on daily work activities for improved outcomes. Daily and Weekly Supervisor/Worker meetings will focus on consistent and accurate completion of SDM.*
- *Investigative Supervisor will continue to monitor by using the FACES system. The supervisor will review the first three pages of the CSP-1 by initialing and signature of CSP-1A. The investigators are required to scan the 1A to the Investigative Supervisor for his signature within the timeframes and the FACES System reminders are reviewed each a.m. and sign-on by the worker and supervisor.*

h. As needed, provided training to circuits identified with imminent need.

- *SDM refresher training has been scheduled in Boone County in October, 2006. Circuit protocol continues to have supervisors monitor this with a check list along with the CA/N records.*
- *In Circuit 32, the CS Worker provided training on August 4, 2006 on safety and risk assessments and re-assessments.*
- *Circuit 21 has identified the need for SDM training. Training to be scheduled.*

- *Monitoring in all circuits will continue and if the need arises, training will be provided.*

**(S1.2.2) – Implementation of Confirming Safe Environments (CSE) process**

k. Policy memo disseminated to staff. *A memo was disseminated to staff enhancing visitation to address safety of children throughout their placement. See attached or review at: <http://www.dss.mo.gov/cd/info/memos/2006/47/cd0647.pdf>*

l. Training began on policy enhancements to new and existing staff. *A memo was sent to Regional Directors requesting they select regional staff to attend the Visitation Train the Trainer sessions. Children Services Specialists and supervisors attended a training held on July 26, 2006. They will be required to provide training to staff in their region. A PowerPoint presentation was developed and used during the Train the Trainer session in July. A second Train the Trainer session will be held on August 24, 2006. Attached is the PowerPoint presentation used during the training.*

**(S1.2.3) - Strengthen policy regarding assessment of safety at and throughout placement.**

e. Policy disseminated. *This memorandum is the third in a series to address visitation and safety. See attached or <http://www.dss.mo.gov/cd/info/memos/2006/cd0663.pdf>*

f. Training began on policy enhancements to new and existing staff. *A memo was sent to Regional Directors requesting they select regional staff to attend the Visitation Train the Trainer sessions. Children Services Specialists and supervisors attended a training held on July 26, 2006. They will be required to provide training to staff in their region. A PowerPoint presentation was developed and used during the Train the Trainer session in July. A second Train the Trainer session will be held on August 24, 2006. Attached is the PowerPoint presentation used during the training.*

**(S1.2.4) – Practice Enhancement Teams (PET) assist Circuit Managers in development of improvement strategies to reduce repeat maltreatment and CA/N in foster care.** *All benchmarks in this action step have been completed.*

**(S1.2.5) – Strength policy and practice relating to chronic neglect and accumulation of harm.**

g. Developed a tool for manual tracking of CN families to be utilized throughout pilot. *The attached log was developed to track information about the families involved with the pilot.*

h. Met with Regional and Circuit administrators to strategize about next steps and community forums. *Central Office staff continues to support regional and circuit staff in their effort in meeting with the community. Jasper, Newton and McDonald County*

*offices have met with Community Partners who have expressed interest in participating in the project.*

*i. Held community forum to gain support from stakeholders. Recent personnel changes in management have caused some delays in implementation. The recently appointed Circuit Manager for the 29<sup>th</sup> Circuit will continue to keep the project moving steadily forward during the transition. A community forum is scheduled for August 30, 2006*

**(S1.2.6) – *Develop performance-based contract for foster parents.***

*g. Initiated PFDP for all new and reassessed foster parents. Following the dissemination of the memo, staff began using the PFDP in April and May. Staff will continue to use the PFDP for all new foster parents and existing foster parents as their license come up for renewal.*

**Safety Outcome 2: Children are safely maintained in their homes whenever possible and appropriate.**

**Item 3: *Services to family to protect child(ren) in home and prevent removal***

**(S2.3.1) – *Improve family assessment and case plan tools to better link service provision to the needs of family identified in the initial and ongoing assessments.***

*e. Recommendations regarding changes made. The last of the training sessions were completed during February 2006. No additional training sessions have been added and no feedback solicited at this time.*

**(S2.3.2) – *Strengthen worker/supervisor skills in engaging families in the assessment, case planning and case plan review process to increase parent, caregiver and child involvement.* All benchmarks in this action step have been completed.**

**(S2.3.3) – *Improve supervisory capacity to monitor enhanced practice relating to case planning.***

*g. System automation completed for supervisory case review tool. During May and June 2006, supervisors across the state were trained on the SCR process and tool, after self-scoring and data auto-population features were automated. The tool and a training Powerpoint are all available on the CD intranet.*

*h. Supervisory case review tool and protocols approved and distributed for statewide use. A memo went out to all staff informing them of the SCR process in June 2006. The first sample of cases to be reviewed were sent out to each circuit manager during July 2006. <http://www.dss.mo.gov/cd/info/memos/2006/cd0657.pdf>*

**(S2.3.4) – *Establish procedures to access various service funding streams.***

*All benchmarks in this action step have been completed.*

**(S2.3.5) – Per new legislation, develop comprehensive children’s mental health plan to increase level of cooperation between court, mental health, child welfare and families.** *All benchmarks in this action step have been completed.*

**Item 4: Risk of harm to child**

**(S2.4.1) – Ensure consistent and accurate completion of SDM safety and assessment.** *Refer to S1.2.1. All benchmarks in this action step have been completed.*

**(S2.4.2) – Implementation of CSE process.** *Refer to S1.2.2.*

**(S2.4.3) – Implement enhance background screening for foster/adopt and court ordered providers.** *All benchmarks in this action step have been completed.*

**(S2.4.4) – Development of “Culture of Care Initiative” for improving safety and nurturance of children in a residential care setting.**

f. measured through a reduction of the number of preponderance of evidence reports received by the residential treatment facilities. *For the 6th Quarter (5-1-06 to 7-31-06) there were two (2) POE reports compared to the three (3) POE reported in the 5<sup>th</sup> quarter.*

**(S2.4.5) – Improve family assessment and case plan tools to better link service provision to the needs of the family identified in the initial and ongoing assessments; include a mechanism for family self-assessment and identified areas specifically related to child safety and risk concerns.** *Refer to S2.3.1.*

**Permanency Outcome 1: Children have permanency and stability in their living situations.**

**Item 5: Foster care re-entries.** *This item was found to be substantially achieved.*

**Item 6: Stability of foster care placement**

**(P1.6.1) – Increase system capacity to accurately track placement kinship vendor types.** *All benchmarks in this action step have been completed.*

**(P1.6.2) – Improve diligent search for relatives/missing parents.** *All benchmarks in this action step have been completed.*

**(P1.6.3) – Expand use of family support team meetings to promote stability in alternative care placements.** *All benchmarks in this action step have been completed.*

**(P1.6.4) – Identify resource family types and shortages.**



d. Circuits reported quarterly progress on recruitment activities.

- *Community events to recruit foster parents were held in May of 2006.*
- *BFC training was recently held and more are planned along with Career Training. A PET will be developed locally to address the issues of homes needed in the area.*
- *Resource Development workers continue to work on recruitment activities utilizing the Foster Parent Support Group to assist in recruitment.*
- *Specialized recruitment efforts for foster home who will take the older youth population.*
- *Activities to recruit resource families will be coordinated with local functions in the community to ensure good coverage of the area as well as a variety of independent activities by the circuit staff. A recruitment book will be kept to track activities, families who have shown interest from the activity, what follow up was done and the results.*
- *Letters were sent to each of the churches in the area regarding the need for good families to foster the circuit's children in care.*
- *Resource unit is preparing an article for various newspapers regarding the rewards of foster parenting and how there is a desperate need for these families.*
- *Stars/Spaulding training is being provided bi-monthly.*
- *Recruitment activities, marathon training and foster parent recognition dinners are being held in various counties.*
- *PET Teams formed to focus on specific recruitment efforts each month.*
- *Regular notice and information goes out to current licensed foster parents about the need for more Foster Parents and to spread the word.*
- *Faith based mini conference held to promote the need for foster homes.*

**(P1.6.5) – Increase number of resource families.**

g. Quarterly report on PBC contractors performance on stated child outcome on safety, permanency and stability. See for further clarification on the relationship between the performance expectations (previously sent) and PBC outcomes (attached).

i. Annual report to General Assembly regarding PBC case management, recruitment and training outcomes. See Attached.

**(P1.6.6) – Increase placement stability by improving matching capabilities for children in out-of-home setting.**

b. Surveyed resource families to gather information regarding placement stability. While in the process of developing a survey for resource families, we learned that regional staff were already surveying foster families. A review of the surveys was completed and an executive decision was made not to develop a statewide survey. See attached for a summary of the survey and survey tools.

**(P1.6.7) – Evaluate support and training provided for relative/kinship resource families.** No benchmarks due this quarter.

## **Item 7: *Permanency goal for child***

**(P1.7.1) – *Ensure the frequency and timeliness of FST Meetings occurs per policy.***

### **c. Circuit Managers assisted by PET monitored frequency data.**

- QA Specialists send overdue PPRT's to the Regional Director and managers.
- Development of a court report form which provides uniform information to the court of all FST meetings held within the 90 days between court hearings. Supervisors review all court reports prior to submittal and are able to monitor and ensure that FST meetings are being conducted on each case.
- Supervisors continue to utilize a computerized tool to assure appropriate time frames are met. This data is monitored on an ongoing basis.
- Circuit Manager monitors frequency data.
- The Permanency Supervisor keeps a log from the time a child comes into care on the dates not only for the court hearings/reviews but also for the FST meetings.
- The Circuit Manager ensures these meetings are taking place by reviewing the Peer Reviews and having weekly conferences with the supervisor.
- Each worker was required to make a list of all cases with overdue FSTMs and schedule a meeting within the next three months to get current.
- Supervisors are discussing with workers when FST meetings are due during their weekly conference.

**(P1.7.2) – *Improve quality of FSTs to ensure permanency goal is reviewed and established.*** All benchmarks in this action step have been completed.

**(P1.7.3) – *Strengthen policy and practice relating to concurrent planning.***

**c. integrated concurrent planning into Advanced FCOOHC In-service Module training and child welfare manual.** The FCOOHC in-service training has two parts, Part I and Part II. The part II is delivered four weeks following part I to allow for OJT activities. See attached FCOOHC outline.

**(P1.7.4) – *Increase collaboration with courts by providing cross training to judiciary, court staff, GALs and CD staff on ASFA & permanency hearings consistent with state and federal regulations.*** No benchmarks are due for this quarter.

## **Item 8: *Reunification, guardianship, or permanent placement with relatives***

**(P1.8.1) – *Address permanency and service needs of children in Legal Status 2, 3, and 4.***

**f. Developed policy and protocol on worker duties related to legal status 2, 3, and 4 cases.** A memorandum was disseminated to staff in May 2006 to update policy

clarifying services provided to children in all legal statuses whether in CD custody or under CD supervision. See attached or view at <http://www.dss.mo.gov/cd/info/memos/2006/47/cd0647.pdf>.

(P1.8.2) – ***Establish procedures to access various funding streams.*** Refer to S2.3.4.

(P1.8.3) – ***Ensure frequency and timeliness of FST Meetings occurs per policy.*** Refer to P1.7.1. All benchmarks in this action step have been completed.

(P1.8.4) – ***Improve quality of FST to assure the review of permanency goal.*** Refer to P1.7.2.

(P1.8.5) – ***Increase collaboration with courts by providing cross training to new judiciary, court staff, CD staff and GAL's on ASFA and Permanency hearings consistent with state and federal regulations.*** Refer to P1.7.4. All benchmarks in this action step have been completed.

(P1.8.6) – ***Increase collaboration with courts by providing cross training to judiciary, court staff, GAL's and CD staff regarding roles and responsibilities.*** All benchmarks in this action step have been completed.

(P1.8.7) – ***Collaborate with OSCA to explore barriers that would allow Juvenile Courts to enter temporary custody orders and transfer jurisdiction to Probate & Circuit Courts to expedite guardianship.*** All benchmarks have been completed for this action step.

(P1.8.8) – ***Determined policy remedy to be used in addition or in lieu of any legislative change referred in P1.8.7.*** Refer to P1.6.1.

## **Item 9: Adoption**

(P1.9.1) – ***Termination of Parental Rights will be filed in a timely manner, except when compelling reasons are documented.***

### **f. Quarterly monitoring by PRR.**

- Circuit Managers will monitor the Peer Reviews to see that timely TPR's are being completed.
- Ongoing dialog between the Juvenile Office and the CD to assure timely filing of the TPR's.
- Supervisors will monitor timely documentation of compelling reasons.
- DLS Attorney continues to assist staff with monitoring length of time in AC as well as filing TPR petitions or Compelling Reasons.
- Promoting more timely filing of TPR and guardianships by creating a plan to routinely schedule case review staffings with Legal Services and Case Managers.

g. Incorporated into Advanced FCOOHC In-service module training. *The FCOOHC in-service training has two parts, Part I and Part II. The part II is delivered four weeks following part I to allow for OJT activities. See attached P1.7.3.c FCOOHC outline.*

(P1.9.2) – **Increase number of resource families.** *Refer to P1.6.5.*

(P1.9.3) – **Increase capacity to conduct home studies and finalize adoptions.** *All benchmarks have been completed for this action step.*

(P1.9.4) – **Improve access to legal representation for CD staff.**

e. CD legal representation at court hearings monitored by CD/DLS joint committee for improvement. *The joint committee in conjunction with OSCA met and discussed reintroducing the 2007 legislative proposal that will require petitions for Termination of Parental Rights to be filed within 60 days of a judicial determination in certain instances.*

#### **Item 10: Other planned living arrangement**

(P1.10.1) – **Increase number and quality of resource families for older youth.** *All benchmarks in this action step have been completed.*

(P1.10.2) – **Increase awareness of Chafee program services to staff and community members.**

e. ILP staff provided Chafee informational meetings, seminars, workshops to CD Staff, foster parents, juvenile court and youth serving agencies.

- *A Presentation was made to CJA Taskforce during their quarterly meeting in June 2006.*
- *Shared with CD staff the award of ETV administration to Orphan Foundation of America*
- *Family Centered Out of Home Care Core In-Service Training for supervisors in the 5th Circuit. This training included information about "preparing youth for adult living".*

(P1.10.3) – **Increase program accessibility to provide life skills training services for older youth.**

c. Consulted with SYAB members on needs of older youth. *A quarterly meeting was held with youth to solicit their input on June 10-11, 2006. The Chair of the SYAB serves on the PIP Advisory Committee where her input is greatly valued by committee members.*

**Permanency Outcome 2 - The continuity of family relationships and connections is preserved for children.**

**Item 11: Proximity of foster care placement.** *This item was found to be substantially achieved.*

**Item 12: Placement of Siblings.**

(P2.12.1) – ***Increase the number of siblings placed together.***

c. Circuit Managers monitored quarterly PRR results and improvement plans developed.

- All FP workers fill out sibling review forms with their supervisor.
- Investigators, at the time of removal, will advocate for relative placement to keep siblings together.
- Development Specialist continually emphasize to our present foster parents the importance of keeping siblings together and recruit foster parents who will be willing and licensed to take in sibling groups.
- Foster Parents' Development Plans will reflect the foster parents' willingness to assist and cooperate in seeing that siblings placed in their home have regular visits.
- Staff are attending training called "Sibling Split" training that was organized for the Northern Region.
- Cases where siblings are not placed together are discussed in supervisor/worker conferences. Supervisors then discuss with Circuit Managers to review efforts made by staff to place siblings together.

f. Policy disseminated to staff on FST. *A memo was disseminated to staff on policy enhancements to the Child Welfare manual addressing preserving the bond and connection between siblings through placement and on-going family visitation. See attached or view at <http://www.dss.mo.gov/cd/info/memos/2006/cd0650.pdf>*

g. Developed supervisory sibling case review process to review cases after siblings are separated after 30 days. *Staff was provided instructions on how to conduct sibling administrative reviews through the above memo.*

P2.12.2) – ***Develop an ongoing training module regarding sibling placements for staff, foster parents, and juvenile court staff.***

h. Emphasis on the importance of sibling bonds, long term effects of visitation, parentified child and sibling rivalries incorporated into BASIC and advanced FCOOHC In-service training module. *The preservation of a child's relationship with siblings is essential to the child's permanency and well being. If siblings can not be placed together, every effort is made to ensure visitation occurs. This philosophical base of child welfare practice is espoused throughout BASIC and in service training for staff. It was included in FCOOHC in-service and staff began receiving training during June 2006. It was addressed in conjunction with OSCA through the video teleconferencing in May 2006. It is also addressed in the Train-the Trainer Visitation training with staff and foster parents in July and August 2006.*

(P2.12.3) – **Increase capacity for resource families that accept sibling groups.**  
*Refer to P1.6.5.*

**Item 13: Visiting with Parents and Siblings in foster care.**

(P2.13.1) – **Increase frequency and quality of parent/child and sibling visits.**

c. Incorporated policy revision into BASIC training and supervisory oversight provided to existing staff. *Policy revision on visitation has been incorporated into BASIC and the Train-the-Trainer Visitation training sessions will provide selected staff with information to use with local staff and foster parents.*

d. Incorporated revisions into PRR tool. *See attached revised PRR tool.*

**Item 14: Preserving connections.**

(P2.14.1) – **Increase emphasis on preserving familial and community connections for children in out of home care.** *All benchmarks in this action step have been completed.*

(P2.14.2) – **Improve diligent search for relatives/missing parents.** *Refer to P1.6.2. All benchmarks in this action step have been completed.*

(P2.14.3) – **Revise ICWA policy.** *All benchmarks in this action step have been completed.*

**Item 15: Relative Placement.**

(P2.15.1) – **Increase system capacity to accurately track placement kinship venter type.** *Refer to P1.6.1.*

(P2.15.2) – **Improve diligent search for relatives/kinship resource families.** *Refer to P1.6.2. All benchmarks in this action step have been completed.*

(P2.15.3) – **Evaluate support and training provided for relative/kinship resource families.** *Refer to P1.6.7.*

**Item 16: Relationship of child in care with parents.**

(P2.16.1) – **Improve diligent search for non-custodial parent.** *Refer to P1.6.2. All benchmarks in this action step have been completed.*

(P2.16.2) – **Improve engagement of non-custodial parents in case planning by strengthening worker/supervisor skills in engaging families in the assessment, case planning and case plan review process.** *Increase parent, caregiver*

*(alternative care provider) and child involvement in case assessment, plan development and reassessment. Refer to S2.3.2.*

## **Well Being Outcome 1 – Families have enhanced capacity to provide for children’s needs**

### **Item 17: Needs and services of child, parents, and foster parents.**

*(WB1.17.1) – Improve family assessment and case plan tools to better link service provision to the needs of the bio family identified in the initial and ongoing assessments. Refer to S2.3.1.*

*(WB1.17.2) – Strengthen worker’s skills in engaging families in the assessment, case planning and case plan review processes to increase parent, caregiver (alternative care provider) and child involvement in case assessment, plan development and reassessment. Refer to S2.3.2.*

*(WB1.17.3) – Implementation of “Confirming Safe Environments” to reduce the risk for children in foster/kinship care to identify needs of child and providers. Refer to S1.2.2.*

### **Item 18: Child and family involvement in care planning**

*(WB1.18.1) – Maximize parental/family participation in Family Support Team Meeting. Refer to S2.3.2.*

*(WB1.18.2) – Improve the quality of Family Support Team Meeting. Refer to P1.7.2.*

*(WB1.18.3) – Review and further develop a handbook, to be distributed at the point of removal, to educate parents on their rights and responsibilities, Court procedures, etc.*

*d. Solicited consumer feedback on parent handbook. The Handbook was sent to six circuits across the state to be piloted. Feedback was gathered from staff in these circuits and surveys were provided for parents to complete. There has been very limited response from parents concerning the handbook. Staff have provided feedback based on their observations and interaction with parents.*

- Staff believe it is due in part that parents are so overwhelmed with the amount of papers that we already give them (plus court appearances, etc.) at this stressful time in their life when children are being removed from the home, that adding more papers may be too much for them.*
- Giving the handbook at the initial contact was overwhelming for most families and they seem to not care about reading it or have questions. Perhaps at the 30 day FST when we know CD will retain jurisdiction would be a better time to give them*

*the handbook. But I see that initial removal information would be very helpful but the parents are not reading it.*

- *One mother was willing to sit down with the worker to go over the handbook together. The mother was glad to get it and thought it was informative. The mother said it gave her a place to keep all the paperwork related to the case, and she was glad to list all participants and phone numbers.*
- *Some foster parents like it because they can keep a folder on each child.*
- *We added a letter to the parent asking them to bring certain things to the 72 hour meeting, such as, Medicaid card, immunizations record, Social Security card, etc. We also added the CS-99. We like the handbook. Looks more professional than what we had previously.*

e. Developed policy to all staff and supervisory oversight. *A policy memorandum, introducing the parent handbook has been developed pending administrative approval for dissemination to staff.*

#### **Item 19: Worker visits with Child – Improve quantity and quality**

**(WB1.19.1) – Develop policy addressing the quality of visits to incorporate case planning, service delivery and goal attainment.**

f. Policy disseminated to staff. *This memorandum is the third in a series to address visitation and its impact on reunification and preserving and maintaining family ties. See attached (S1.2.3.e) or view at <http://www.dss.mo.gov/cd/info/memos/2006/cd0663.pdf>.*

g. Training began on policy enhancements staff and foster parents. *Visitation training began with two train-the-trainer sessions. The selected trained staff and foster parents will provide this training locally on an as needed basis.*

h. Utilize Practice enhancement Teams (PET) to support protocols. *Central Office staff and local PETs are available to assist staff and foster parents in the Visitation training and the use of the various visitation checklists.*

**WB1.19.2) – Increase policy compliance for frequency of worker visits for intact and out-of-home cases.**

a. Achieved progress in caseload equalization by developing quarterly circuit workload reports.

- Home Visit tool developed locally and then created statewide improved number and quality of visits.
- Alternative Care and Family Centered Services staff provides supervisors with the case load reports at the beginning of each month.
- Excel spreadsheet is in place to equalized caseloads.
- Monthly Staffing analysis is completed and case loads assignment is constantly monitored on a dry erase board and cases adjusted and assigned accordingly.



- Circuit maintained practice in monitoring caseload equalization through “End of the Month Reports” that are submitted to Circuit Manager by every work unit. Supervisors and Office Managers use this report regularly to assign new cases to workers in their units and buildings instead of using a worker rotation method.
- Workers are using the CD-82, Checklist for Worker/Child Visits that focus on the quality and relationship building in relation to those visits.
- Staff are reporting every 90 days their visitation schedule, amount and content to the court.
- The SCRT will help identify issues in this area.

**(WB1.19.3) – *Tracking system to track worker visits (date/site) –***

*c. PET teams annually analyzed family satisfaction survey data. See attached family satisfaction survey analysis.*

*d. Worked with ITSD staff to include worker visit information (with child, parents, foster parents) and sibling visits in the Outcomes Reports when converted to SACWIS. Central Office staff met with contracted ITSD staff on several occasion during May to request and explain business needs of adding the ability to track worker/parent/child/visits.*

**Item 20: *Worker visit with parent(s)***

**(WB1.20.1) – *Strengthen worker relationships with biological or adoptive parents.***

*a. Protocols established in WB1.19.1 g included in all resource parent training. Foster and adoptive parents were invited and included in the Visitation Train-the-Trainer sessions held in July and August 2006.*

**(WB1.20.2) – *Refer to WB1.19.1, WB1.19.2 and WB1.19.3***

**Well Being Outcome 2 – Children receive services to meet their educational needs**

**Item 21: *Children receive appropriate services to meet their educational needs***

**WB2.21.1) – *Improve working relationship among Children’s Division, Department of Elementary and Secondary Education (DESE) and local school districts. All benchmarks in this action step have been completed.***

**(WB2.21.2) – *Improve the flow of educational records and reports when children transfer schools. All benchmarks in this action step have been completed.***

**(WB2.21.3) – *Decrease the incidence of educational neglect, truancy and suspension of children in care. All benchmarks in this action step have been completed.***

(WB2.21.4) – ***Decrease the incidence of educational neglect, truancy and suspension of children for intact families.*** All benchmarks in this action step have been completed.

### **Well Being Outcome 3 – Children receive adequate services to meet their physical and mental health needs**

#### **Item 22: *Physical health of the child***

(WB3.22.1) – ***Increase ability of Children’s Division staff and families to access available dental resources.*** All benchmarks in this action step have been completed.

(WB3.22.2) – ***Increase capacity of staff to assess medical needs of children in intact families.*** All benchmarks in this action step have been completed.

#### **Item 23: *Mental health need of the child***

(WB3.23.1) – ***Increase the ability of Children’s Division staff and families to access available mental health resources.*** All benchmarks in this action step have been completed.

(WB3.23.2) – ***Increase awareness of staff and foster parents regarding attachment and mental health issues.*** No benchmarks due this quarter.

(WB3.23.3) – ***Increase capacity of staff to assess mental health needs of children in intact families.*** No benchmarks due this quarter.

### **Systemic Factors**

**Item 24: *System can identify the status, demographic characteristics, location and goals of children in foster care.*** This item was found to be substantially achieved.

**Item 25: *Provides a process that ensures that each child has a written case plan to be developed jointly with the child’s parent(s) that includes the required provisions***

(25.1) – ***Improve family assessment and case plan tools to better link service provision to the needs of the family identified in the initial and ongoing assessments.*** Refer to S2.3.1.

(25.2) – ***Strengthen worker/supervisor skills in engaging families in the assessment, case planning and case plan review process to increase parent***

**caregiver (alternative care provider) and child involvement in case assessment , plan development and reassessment. Refer to S2.3.2.**

**(25.3) – Improve supervisory capacity to monitor practice linking the assessment with the overall plan. Refer to S2.3.3.**

**(25.4) – Maximize parental/family involvement in Family Support Team Meetings. Refer to P1.6.2.**

**(25.5) – Improve staff facilitation skills for Family Support Team Meetings.**

c. Advanced FST Skill application integrated into advanced Family Centered Out-of-Home Services In-service module. Part I of the FCOOHC in-service training module provides staff with knowledge and skills for improving FST facilitation. See attached FCOOHC outline.

**Item 26: Process for 6-month case reviews**

**(26.1) – Revised current policy to clarify an Administrative Review and requirements.** All benchmarks in this action step have been completed.

**(26.2) – Recruit 3<sup>rd</sup> party participants for Administrative Reviews.** All benchmarks in this action step have been completed.

**(26.3) – Increase ability to track 6 month Administrative Reviews separately from FSTs.** All benchmarks have been completed in this action step.

**Item 27: Provides a process that ensures that each child in foster care under the supervision of the state has permanency hearing in a qualified court or administrative body no later than 12 months from the date the child entered foster care and no less frequently than every 12 months thereafter.**

**(27.1) – Improve access to legal representation for CD.** Refer to P1.9.4. All benchmarks have been completed in this action step

**(27.2) – Implement training to develop testifying skills for CD staff.** All benchmarks in this action step have been completed.

**(27.3) – Increase the timeliness of 12 month Permanency Hearings.** All benchmarks in this action step have been completed.

**(27.4) – Provide cross training to judiciary, court staff, GALs and Children's Division staff on ASFA and Permanency Hearings consistent with state and federal regulations.** Refer to P1.7.4. All benchmarks in this action step have been completed

**Item 28: Provides a process for termination of parental rights proceedings in accordance with provisions of ASFA.**

(28.1) – **Improve access to legal representation for CD.** Refer to P1.9.4. All benchmarks in this action step have been completed

(28.2) - **Strengthen worker/supervisor skills in engaging families in the assessment, case planning and case plan review process to increase parent, caregiver(alternative care provider) and child involvement in case assessment, plan development and reassessment.** Refer to S2.3.2.

(28.3) – **Termination of Parental rights will be filed in a timely manner, except when compelling reasons are documented.** Refer to P1.9.1.

(28.4) – **Improve diligent search for relatives/ parents.** Refer to P1.6.2. All benchmarks in this action step have been completed

(28.5) – **Collaborate with OSCA to amend 211.227 RSMo to ensure consistency w/ASGA requirements regarding filing of TPR petitions w/in 60 days of a judicial determination that the child is an abandoned infant, or that no Reasonable efforts are required.**

d. Advocated for proposed legislation. See the attached 2007 legislative proposal to ensure consistency with AFSA requirements.

**Item 29: Provides a process for foster parents, re-adoptive parents, and relative caregivers of children in foster care to be notified of and have an opportunity to be heard in, any review or hearing held with respect to the child.**

(29.1) – **Increase ability of foster parents to be notified of and heard in court.** All benchmarks in this action step have been completed.

**Item 30: Standards to assure quality services and ensure children's safety and health** - This item was found to be substantially achieved.

**Item 31: Identifiable QA system that evaluates the quality of services and improvements** - This item was found to be substantially achieved.

**Item 32: Provision of ongoing staff training that addresses the necessary skills and knowledge** - This item was found to be substantially achieved.

**Item 33: Ongoing training for staff**

(33.1) – **Develop supervisory training for front line supervisors.**

m. Professional Development and Training implemented curriculum statewide. New clinical supervisor training began statewide during July 2006.

(33.2) – **Develop advanced in-service training module for investigations and assessment.** All benchmarks in this action step have been completed.

(33.3) – **Develop advanced in-service training module for Family-Centered Services.** No benchmarks due this quarter.

(33.4) – **Develop advanced in-service training module for Family-Centered Out-of-Home Care Services.**

h. Professional Development and Training implemented revised Family-Centered Out-of-Home Care Services advanced in-service training statewide. The FCOOHC in-service training has two parts, Part I and Part II. The part II is delivered four weeks following part I to allow for OJT activities. See attached FCOOHC outline.

(33.5) – **Enhanced On-The-Job (OJT) Training.**

g. Supervisors commented on the skills/guide list. Supervisors commented on the skills/guide list beginning May 26- June 30 2006. Feedback was gathered from June 30th through July 17th. See attached comments from supervisors.

h. Skills guide modified after comment periods. Based on the feedback, revisions were made to the skills guide July 17th through July 25th. The completed, final revised draft was submitted on July 26, 2006. See attached draft revisions to the skills guide.

(33.6) – **Create training advisory committee to annually assess needs and evaluate training** No benchmarks due this quarter.

d. Advisory Committee developed a written plan for evaluating training needs. Although this benchmark has a renegotiated due date of November 2006, this following information is being provided as requested.

*The training advisory committee members are confirming their participation for the first proposed meeting to be held either October 12th or the 18th. The purpose of this meeting will be to examine the effectiveness of the agency's training, review trends, patterns and staff needs, etc. based on the current training plan and structure. The advisory committee will begin to develop a mission statement and define how better to assess needs and evaluate the agency's training.*

(33.7) – **Develop Child Abuse and Neglect Training (CA/N) Institute for CD staff.** All benchmarks in this action step have been completed.

(33.8) – **Provide training based on circuit specific needs.** All benchmarks in this action step have been completed.

**Item 34: *Provision of training for caregivers and adoptive parents that addresses the necessary skills and knowledge.*** This item was found to be substantially achieved.

**Item 35: *Service array***

(35.1) – ***Increase access and availability to dental services.*** Refer to WB3.22.1. All benchmarks in this action step have been completed.

(35.2) – ***Increase the ability of staff and families to access Alcohol and Drug Abuse Services (ADA)***

f. Completed three additional Family, Drugs and Safety trainings across the state. After the field test was conducted in November 2004, three additional training were provided: November 8 – 10, 2004 in Arnold; March 9 – 11, 2005 in Kansas City; July 12 – 14, 2006 in St. Joseph.

(35.3) – ***Increase availability of specialized foster homes for older youth, siblings, disabled and medically fragile children.*** Refer to P1.6.5.

(35.4) – ***Increase availability of and access to parenting classes and family/parent aide services.*** All benchmarks in this action step have been completed.

(35.5) – ***Increase services to meet the needs of non-English speaking consumers.*** All benchmarks in this action step have been completed.

(35.6) – ***Increase availability of transportation services.*** All benchmarks in this action step have been completed.

**Item 36: *The services in item 35 are accessible to families and children in all political jurisdictions covered in the State's CFSP.*** See Item 35 1-6.

**Item 37: *The services in item 35 can be individualized to meet the unique needs of children and families served by the agency.***

(37.1) – ***Increase access to existing services.*** See item 35 1-6.

(37.2) – ***Strengthen work/supervisor skills in engaging families in the assessment, case planning and case plan review process to increase parent, care giver (alternative care provider) and child involvement in case assessment, plan development and reassessment.*** Refer to S2.3.2.

**Item 38: *Engages in ongoing consultation with critical stakeholders in developing the CFSP.*** This item was found to be substantially achieved.

**Item 39: *Develops annual progress reports in consultation with stakeholders.*** *This item was found to be substantially achieved.*

**Item 40: *Coordinates services with other federal programs.*** *This item was found to be substantially achieved.*

**Item 41: *Standards for foster family and child care institutions.*** *This item was found to be substantially achieved.*

**Item 42: *Standards are applied equally to all foster family and child care institutions.*** *This item was found to be substantially achieved.*

**Item 43: *Conducts necessary criminal background checks.*** *This item was found to be substantially achieved.*

**Item 44: *Diligent recruitment of foster and adoptive families that reflect children's racial and ethnic diversity***

**(44.1) – *Increase the number of resource families.*** *Refer to P1.6.5.*

**Item 45: *Uses cross jurisdictional resources to find placements.*** *This item was found to be substantially achieved.*



# **PROGRAM IMPROVEMENT PLAN**

## **QUARTER 7 PROGRESS REPORT**

**August 2006 – October 2006**

**SUBMISSION DATE:**

**December 6, 2006**



## Quarter 7 Accomplishments

The following is summary of activities completed during Quarter 7 (August 2006 to October 2006) of the Program Improvement Plan.

### **Safety Outcome 1: Children are, first and foremost, protected from abuse and neglect.**

#### **Item 1: *Timeliness of initiating investigations of reports of child maltreatment***

**(S1.1.1) – Clarify policy regarding timeliness of initiating reports of child maltreatment.** All benchmarks have been completed for this action step.

**(S1.1.2) – Increase accuracy of data regarding initial contact.**

d. Circuit Managers and the assisting QA Specialists monitor quarterly Peer Record results and make recommendations for improvements. Ongoing.

- Supervisors in individual or group consultation stress the importance of meeting the 24 hour contact.
- Increase use of multidisciplinary team members and supervisors making sure workers are making multiple attempts within the 24 hour timeframe.
- Investigation supervisors continue to monitor PRR results and outcome measure to identify possible trends and develop action plans to address these trends.
- Circuit Managers review data to ensure that response time requirement is being met on a consistent basis. The importance of making initial contacts within the timeframes requirements will be addressed with the Investigation workers.
- Circuit Managers monitor peer record reviews and random reviews of each worker's hotline calls.
- Circuit Manager develops plan for identifying areas of need. These areas will be discussed with supervisory staff and a plan for improvement will be established as appropriate.
- Reports are reviewed in management and staff Meetings. Areas needing improvement are problem solved as a team.
- In addition to improvement plans, supervisor will begin tracking non-compliance and address with each worker as necessary.
- Use case readings, the PRR and weekly case staffing of open CA/Ns with each investigator to determine timely contact.
- QA Specialist provides statistical data to Regional Director on a monthly basis to be shared with program managers, supervisors and Family Court.
- Analyze how SACWIS may be negatively impacting outcomes. Performance has decreased for the past two quarters.

**(S1.1.3) – Study feasibility for alternative protocols for managing non CA/N referral.** All benchmarks have been completed for this action step.

**(S1.1.4) – Develop improvement plan to respond timely to reports of maltreatment.** All benchmarks have been completed for this action step.

**(S1.1.5) – Call Management and Structured Decision Making (SDM) Protocols Implemented at the Child Abuse and Neglect Hotline Unit to provide consistent screening and classification of calls received.**

g. Collected and analyzed PRR tool results for practice enhancements. Ongoing The attached PRR results are for July, August, and September 2006 at the Child Abuse and Neglect Hotline. The Hotline staff continued to conduct duplicate PRR reviews (each PRR reviewed by two staff) during the months of July and August in order to measure conformity among hotline staff and to assure that the PRR tool results were reliable to use in the quality improvement process. In August 2006, the management analyst recommended dropping the dual reviews beginning in September, after her analysis revealed that the conformity level had reached 98.4%, 94.3%, 96%, 91.2%, 89.1%, and 99.5%, respectively, on the six items being measured.

There were 1287 peer record reviews completed during the 3rd quarter of 2006, which is approximately 10% of the total CA/N reports taken at the hotline during that quarter. The reviews were completed by approximately 45 Children's Service Workers at the hotline. The PRR results indicate an accuracy level of 98%, 97%, 97%, 98%, 95%, and 100% respectively on the six items measured on the PRR tool (see attachment), with an average accuracy level of 97.5%. These 3rd quarter outcomes verify that hotline workers are consistently making call decisions/classifications at a very high accuracy level.

**(S1.1.6) – Revised policy relating to non CA/N referrals (M,P,N) given the division's need to better address its core functions and statutory mandates, with existing available resources.**

h. Policy changed for CANHU on the screening process for non CA/N calls if needed.

i. If needed, training provided to CANHU staff on modified protocol changes.

j. Notified known mandated reporters and other professional organizations on practice changes.

We are requesting renegotiation of these benchmarks. Missouri has, by policy, accepted calls to the Child Abuse and Neglect Hotline Unit that do not rise to the statutory definition of child abuse and neglect. It is evident from the CFSR final report the stakeholders do not have a good understanding of the differences between the alpha referrals and CA/N reports. Calls made to the Child Abuse or Neglect Hotline that do not meet the statutory requirement of a CA/N Report mostly fall into the Non-CA/N Referral category. Response to a referral may involve varied contacts and responses. These responses range from a single contact with the reporter to the actual removal of a child. County staff will record and enter into the CA/N automated system actions taken by the worker. These actions may include:

- *Contact with the reporter, shared information;*
- *Call/contact with the family only;*
- *Home visit with the family;*
- *Call/contact with law enforcement/juvenile office;*
- *Contact with Bureau of Special Health Care Needs (BSHCN);*
- *Children's Division linkage of family to community resources;*
- *Result in open FCS case;*
- *Result in formal CA/N report;*
- *Result in formal CA/N report due to adverse affect on other household children who were not originally listed on referral;*
- *Collateral contact;*
- *Meeting with parent and child at hospital;*
- *Child taken into custody - placed in Alternative Care for safety issues; non-CA/N situation (parent is incapacitated due to illness or mental health concerns); child beyond parental control.*

*There is no specific policy that addresses timeframes for initial contact for Non-CA/N referrals, except Mandated Referrals (M). Staff will contact the mandated reporter within three (3) working days or the next working day on a referral received on the weekend or holiday, unless information indicates an emergency situation. A Newborn Crisis Assessment (A) is completed immediately prior to the newborn's release from the hospital. Actions are taken by county staff assigned to complete any of the Non-CA/N referrals within 30 days of the receipt of the referral.*

*The below revised benchmarks address what CD has done in the past two years in providing information/training to community partners.*

[a. Revised and provided training as needed to community partners on differences between CA/N reports and non-CA/N \(Mandated Reporter\) related Alpha referrals.](#) *See the attached PowerPoint presentation used to provide training to mandated reporters and other community partners.*

[b. Local staff presented training to school personnel as requested.](#) *Local staff provided this training as requested to schools prior to the new school year.*

[h. Shared proposed plan with and provide \(mandated reporter\) training to CJA taskforce.](#) *This training was provided to the CJA Taskforce during a quarterly meeting when they were reviewing the proposed plan for information dissemination on practice changes regarding non-CA/N call.*

[j. CD continued to accept non CA/N referrals.](#) *The Children's Division has made a decision to continue responding to these non CA/N referrals per the recommendation of the CJA Taskforce and other community partners.*

k Continued to provide mandated reporter training to MO Hospital and School Counselors Associations. Projected due date: Nov. 06. Information will be provided on this benchmark in quarter 8.

## **Item 2: Repeat maltreatment**

**(S1.2.1) – Ensure consistent and accurate completion of SDM safety and risk assessment.**

d. Evaluated SDM Peer Record Review Outcomes. Ongoing

h. As needed, provided training to circuits identified with imminent need. Ongoing

- Office staff will be receiving SDM training as part of COA training. This will give staff consistent information and re-emphasize value.
- CS Specialist will provide brief in-service training regarding the importance of data regarding SDM at every peer record review.
- The need for training will be evaluated after data is reviewed. Problematic statistics will be identified and review will be made at the following staff meeting. There will also be a consultation with CSSI and workers advising of items of concern.
- Training on the SDM was provided to investigators by a local CSSI at a circuit meeting.
- Circuit Managers and PET Team monitor this issue on a monthly basis.
- Outcomes reports are reviewed by management in staff meetings and at individual levels starting with the current review period.
- Updates and changes are made as needs are identified through the PRR. Weekly supervisor consultations will help address this also.
- Supervisors are encouraged to use SCRT data and discuss with staff during weekly meetings.
- Ongoing data accuracy training provided by QA Specialist; OJT trainer provides ongoing SDM training to new workers.

**(S1.2.2) – Implementation of Confirming Safe Environments (CSE) Process.** All benchmarks have been completed for this action step.

**(S1.2.3) - Strengthen policy regarding assessment of safety at and throughout placement.** All benchmarks have been completed for this action step.

**(S1.2.4) – Practice Enhancement Teams (PET) assist Circuit Managers in development of improvement strategies to reduce repeat maltreatment and CA/N in foster care.** All benchmarks have been completed for this action step.

**(S1.2.5) – Strength policy and practice relating to chronic neglect and accumulation of harm.**

i. Held community forum to gain support from stakeholders.

j. Initiated pilot.

*Jasper, Newton and McDonald Counties (29<sup>th</sup> & 40<sup>th</sup> Circuits) held a Community Forum on August 30, 2006. The overall reaction from the community was very positive with many partner agencies, such as the Jasper County Health Department and School District offering to donate services. However, due to staffing changes, the 29<sup>th</sup> circuit did not begin implementing the pilot until November 20, 2006. They are screening both new child abuse/neglect reports as well as current Family-Centered Services cases (which includes cases that have been opened greater than 10 months.) The 40<sup>th</sup> circuit began implementing the pilot on September 20, 2006.*

*A subsequent Community Forum was held in the 40<sup>th</sup> circuit on November 15, 2006, to share how the program was developed, implemented, and is currently working. Newton and McDonald County staff presented the program, which included perspectives from traditional Family-Centered Services and Intensive In-home Services staff who shared information regarding their programs and how the pieces fit together to make a more effective cadre of available services.*

*The McDonald County School District and Juvenile Office participated in the Community Forum for the first time. Again, many agency partners brainstormed on 40<sup>th</sup> circuit resources. The School District Administrator was very interested in offering needed educational services as they arise. The 40<sup>th</sup> circuit will be holding a subsequent Community Forum in the spring of 2007 to share the status of the project.*

**(S1.2.6) – Develop performance-based contract for foster parents.**

*g. Initiated PFDP for all new and reassessed foster parents. Staff continue to use the PFDP for all new foster parents and existing foster parents as their license come up for renewal.*

**Safety Outcome 2: Children are safely maintained in their homes whenever possible and appropriate.**

**Item 3: Services to family to protect child(ren) in home and prevent removal**

**(S2.3.1) – Improve family assessment and case plan tools to better link service provision to the needs of family identified in the initial and ongoing assessments.**

*e. Recommendations regarding changes made. There are currently no plans for additional training sessions due to the CD-14 being fully integrated into the basic training curricula for new workers. Designated Children's Services specialists in each region were trained to provide ongoing assessment and support for field staff on the case assessment and case planning process. The state is currently satisfied with this tool and will no longer report quarterly on this benchmark.*

**(S2.3.2) – Strengthen worker/supervisor skills in engaging families in the assessment, case planning and case plan review process to increase parent,**

**caregiver and child involvement.** All benchmarks have been completed for this action step.

(S2.3.3) – **Improve supervisory capacity to monitor enhanced practice relating to case planning.** All benchmarks have been completed for this action step.

(S2.3.4) – **Establish procedures to access various service funding streams.** All benchmarks have been completed for this action step.

(S2.3.5) – **Per new legislation, develop comprehensive children’s mental health plan to increase level of cooperation between court, mental health, child welfare and families.** All benchmarks have been completed for this action step.

#### **Item 4: Risk of harm to child**

(S2.4.1) – **Ensure consistent and accurate completion of SDM safety and assessment.** Refer to S1.2.1. All benchmarks in this action step have been completed.

(S2.4.2) – **Implementation of CSE process.** Refer to S1.2.2. All benchmarks have been completed for this action step.

(S2.4.3) – **Implement enhance background screening for foster/adopt and court ordered providers.** All benchmarks in this action step have been completed.

(S2.4.4) – **Development of “Culture of Care Initiative” for improving safety and nurturance of children in a residential care setting.**

f. measured through a reduction of the number of preponderance of evidence reports received by the residential treatment facilities. Ongoing. This quarter under review finds a rise to eight POE CA/N reports, involving eight licensed residential child care agencies. Each agency developed a corrective action plan for each incident. Employees of these facilities were immediately terminated with the exception of one resignation. The four core principles of the Culture of Care curriculum are youth development, collaboration, culture competence, and permanent connections. It is speculated that most and perhaps all of the above agencies use the Culture of Care curriculum to a certain extent, some more than others. Certainly, if staff fully embraced the core principles of the training, it would help to prevent CA/N. However, it is also clear that, in the incidents, licensed residential child care agency staff made a conscious choice to violate statute, rule, and policy and engage in prohibited behavior, resulting in CA/N reports and findings.

(S2.4.5) – **Improve family assessment and case plan tools to better link service provision to the needs of the family identified in the initial and ongoing assessments; include a mechanism for family self-assessment and identified areas specifically related to child safety and risk concerns.** Refer to S2.3.1. All benchmarks have been completed for this action step.

## **Permanency Outcome 1: Children have permanency and stability in their living situations.**

**Item 5: Foster care re-entries.** *This item was found to be substantially achieved.*

**Item 6: Stability of foster care placement**

(P1.6.1) – **Increase system capacity to accurately track placement kinship vendor types.** *All benchmarks have been completed for this action step.*

(P1.6.2) – **Improve diligent search for relatives/missing parents.** *All benchmarks have been completed for this action step.*

(P1.6.3) – **Expand use of family support team meetings to promote stability in alternative care placements.** *All benchmarks have been completed for this action step.*

(P1.6.4) – **Identify resource family types and shortages.**

d. Circuits reported quarterly progress on recruitment activities. Ongoing

- *Continue to use monthly report to track application and licensing status of resource homes.*
- *Hiring of new recruitment worker to develop method of tracking results of recruitment activities.*
- *Additional staffing as licensing/resource workers hired for recruitment efforts.*
- *Working with a regional task force to develop a plan for recruitment.*
- *A display board will be used at community fairs and churches to provide information about foster parenting.*
- *Fliers sent to area business, a booth at Wal-mart, and weekly festivals.*
- *Sent fliers to local churches, fliers sent to elementary schools, bookmarks distributed at the library and church bulletin inserts.*
- *Placing posters at various locations with information about becoming foster parent and have a feature completed on a local TV station.*
- *Created a recruitment committee to address recruitment to address recruitment issues.*
- *Continually encourage foster parents to recruit friends and family as respite providers in order to "try out foster parenting".*
- *Utilizing foster parents as recruiters focusing within churches.*
- *Continue to participate in Wendy's adoption program, "For Your Life" and the state Heart Gallery program.*
- *Continue to collaborate with the Council of Churches recruitment efforts in local churches.*
- *Recent implementation of a licensing unit to help with specialized recruitment.*

(P1.6.5) – ***Increase number of resource families.***

g. Quarterly report on PBC contractors' performance on stated child outcome on safety, permanency, and stability. The attached Excel report provides the preliminary cumulative information on progress of PBC contractors toward achieving the required outcomes. When the reconciliation process is complete and an update will be made available.

(P1.6.6) – ***Increase placement stability by improving matching capabilities for children in out-of-home setting.***

c. Developed a placement matching tool designed for use in team decision making.

d. Tool disseminated with instructions.

e. Tool incorporated into BASIC training and supervisory oversight provided to existing staff.

*We are requesting to renegotiate the above remaining benchmarks. See below proposed benchmarks.*

*c. Convened stability workgroup to meet with NRC FCP-PP to identify issues impacting stability.*

*d. Stability workgroup identified and began to develop work plan areas to improve.*

*The Stability workgroup met with the NRC consultant on August 23, 2006 and began identifying barriers associated with placement stability in Missouri. The consultant provided the group with information on how to be successful in achieving placement stability through lessons learned from other states. Finally, the group identified areas to improve and developed subgroups to concentrate on the five problematic areas and the expected deliverable. They include:*

- ***Improved Respite Options***

- *Review the respite policy and make recommendations regarding language improvement*
- *Approach to assessing existing resource families/kin caregivers to become respite providers to build capacity*
- *Address the barriers such as background checks (\$50.95 fee) or others*
- *Explore partnership with the respite care association regarding education*

- ***Kinship Care Practices and Policies***

- *Policies that tribute to barriers to placement with kin/relatives*
- *Determine if there are policies that may contribute to multiple placements—make recommendations for changes in language*
- *Assess if practice is clear and enables workers to get to a permanency outcome?*
- *Should we implement an assessment of protective capacity?*

- ***Pre-placement Options***

- *Assessment of what is already happening in the state—is it successful? Why or*



- why not? Other state experiences? Age groups? Which placement?*
  - *Design of an approach (preparation) to the pre-placement process:*
  - *teen questions/process*
  - *resource family questions/process*
  - *birth family questions/involvement*
  - *Dealing the results/reactions*
- **Support of Resource Families/Kin**
  - *Address and develop recommendations to change the Levels of care process*
  - *Develop an assessment process for resource family needs and child needs (in process)—this would include assessment of the family's ability to meet the child's racial and ethnic identity issues:*
  - *Design specific strategies for worker to wrap services around the child and the resource family—MATCHING services and supports to the needs identified.*
  - *Ongoing assessment*
  - *Birth parent mentoring*
  - *Early identification of problems that may result in disruption*
  - *South Dakota approach?*

#### **Supervisor –Worker Development Issues**

- *Cultural identity issues (integrated into practice and training)*
- *Worker knowledge on preventing placement disruption*
- *Worker understanding of kinship care –and family realignments and roles/tension and mitigation of conflict (blended family approach)*
- *Worker understanding of their advocacy positions (with resource families, with kin and with residential care)*
- *Supervisory practices to support child stability*

e. Central Office staff analyzed Outcomes Reporting data to determine circuits needing additional supports to improve stability for children. Projected due date: Nov. 06

f. Conference calls scheduled with circuits needing additional supports. Projected due date: Dec. 06.

g. Scheduled target case reviews with circuits needing additional supports. Projected due date: Jan. 07

h. Circuits proved monthly report to Central Office on reasons for continued placement instability. Projected due date: Jan. 07 & Ongoing.

**(P1.6.7) – Evaluate support and training provided for relative/kinship resource families.**

c. Based on curriculum modifications, training began to be delivered to newly licensed relative/kinship providers. Additional changes were made to the Kinship training curriculum which required another review and delayed the approval process. The

curriculum was approved and finalized in October 2006. The curriculum is currently being printed at the Office of Administration, State Printing. We anticipate the curriculum and an announcement memorandum to be disseminated to staff in January 2007. See the attached Table of Content for the Kinship Care training.

#### **Item 7: Permanency goal for child**

(P1.7.1) – **Ensure the frequency and timeliness of FST Meetings occurs per policy.**

c. Circuit Managers assisted by PET monitored frequency data. Ongoing.

- Supervisors provide staff with 30 day reminder notices to schedule meetings during unit meetings.
- Practice Enhancement Team (PET) convened to identify continued barriers and to discuss developing action plan to increase timeliness of meetings and system entry documentation.
- CS Specialist recruiting and training third party reviewers.
- Identify barriers to why invited community representatives fail to attend or why meetings have to be rescheduled.
- Supervisors review all court reports prior to submittal and are able to monitor and ensure the FST's are being conducted timely.
- Circuit Managers assisted by PET monitor frequency data. The supervisor is having weekly conferences with workers to remind them about entering FST information into computer.
- Supervisors track FST due dates through a recently developed spreadsheet and send reminders to staff.
- The CM and supervisor are monitoring this through weekly case consultations and the PPRT tool created by the QA Specialist.
- Supervisor will have weekly training with staff to implement case load charts and compile a monitoring plan to keep track of FST and PPRT meeting dates.
- FST/PPRT Workgroup continues to meet nearly every month to maintain viable pool of objective 3<sup>rd</sup> party reviewers for use by staff.

(P1.7.2) – **Improve quality of FSTs to ensure permanency goal is reviewed and established.** All benchmarks have been completed for this action step.

(P1.7.3) – **Strengthen policy and practice relating to concurrent planning.** All benchmarks have been completed for this action step.

(P1.7.4) – **Increase collaboration with courts by providing cross training to judiciary, court staff, GALs and CD staff on ASFA & permanency hearings consistent with state and federal regulations.**

f. Training implemented by CD/OSCA to include concurrent planning training. Ongoing, twice per year.

On May 1, 2006, the Office of State Courts Administrator and the Children's Division held a joint video teleconference (VTC) on concurrent planning. Employees of the

*Children's Division and juvenile courts (judges and juvenile officers) were invited to attend at one of six locations around the state for the six hour training. A total of 111 people attend the VTC in the various locations. Janyce Fenton of the National Resource Center for Family Centered Practice and Permanency Planning delivered the bulk of the training from her location in New York. Ms. Fenton's presentation focused on defining concurrent planning, working with biological and foster families, best practices in concurrent planning, and the long term outcomes that could occur as a result of the process. A panel of individuals from the Children's Division then discussed how Missouri approaches concurrent planning and the sibling issues that can arise when looking for permanent alternative placement. Each circuit then worked on developing a strategy for implementing concurrent planning and reported their plans and concerns prior to the conclusion of the training.*

**Item 8: Reunification, guardianship, or permanent placement with relatives**

**(P1.8.1) – Address permanency and service needs of children in Legal Status 2, 3, and 4.** *All benchmarks have been completed for this action step.*

**(P1.8.2) – Establish procedures to access various funding streams.** *Refer to S2.3.4. All benchmarks have been completed for this action step.*

**(P1.8.3) – Ensure frequency and timeliness of FST Meetings occurs per policy.** *Refer to P1.7.1. All benchmarks in this action step have been completed.*

**(P1.8.4) – Improve quality of FST to assure the review of permanency goal.** *Refer to P1.7.2. All benchmarks have been completed for this action step.*

**(P1.8.5) – Increase collaboration with courts by providing cross training to new judiciary, court staff, CD staff and GAL's on ASFA and Permanency hearings consistent with state and federal regulations.** *Refer to P1.7.4. All benchmarks have been completed for this action step.*

**(P1.8.6) – Increase collaboration with courts by providing cross training to judiciary, court staff, GAL's and CD staff regarding roles and responsibilities.** *All benchmarks have been completed for this action step.*

**(P1.8.7) – Collaborate with OSCA to explore barriers that would allow Juvenile Courts to enter temporary custody orders and transfer jurisdiction to Probate & Circuit Courts to expedite guardianship.** *All benchmarks have been completed for this action step.*

**(P1.8.8) – Determined policy remedy to be used in addition or in lieu of any legislative change referred in P1.8.7.** *Refer to P1.6.1. All benchmarks have been completed for this action step.*

## **Item 9: Adoption**

(P1.9.1) – **Termination of Parental Rights** will be filed in a timely manner, except when compelling reasons are documented.

### f. Quarterly monitoring by PRR. Ongoing

- *Monthly case reviews are being conducted with DLS Attorney on TPR and guardianship cases and on cases that are less than 30 days old.*
- *Monitored through FST's and follow up with the DJO to ensure this is being completed timely.*
- *Circuit managers and supervisors have regular discussions with court personnel, JO's and GAL's to encourage following of policy and ASFA guidelines on filing.*
- *Once TPR is recommended, a packet is completed and sent to DLS and local JO for review and further actions. This is required to be completed within 30 days of the PPRT where the goal is decided.*
- *Circuit Manager and Supervisors met with the Juvenile Office and developed a protocol to ensure timely TPR. Within 30 days after the goal is changed, CD would have the TPR summary to the Juvenile Office Attorney. JO Attorney would file the petition 30 days after receiving the CD Summary.*
- *Supervisor will work with staff to use FST practice to assist in developing ongoing plans that allow TPR to be filed timely whenever this is an appropriate goal. DLS will be used as needed to assist in this Outcome.*

(P1.9.2) – **Increase number of resource families.** Refer to P1.6.5. All benchmarks have been completed for this action step.

(P1.9.3) – **Increase capacity to conduct home studies and finalize adoptions.** All benchmarks have been completed for this action step.

(P1.9.4) – **Improve access to legal representation for CD staff.**

e. CD legal representation at court hearings monitored by CD/DLS joint committee for improvement. Ongoing *The process for staff to access DLS representation continues to work well. At minimum, quarterly meetings are available between the DLS attorney assigned to the circuit and the Circuit Manager to discuss issues of significance to the division or the region. The joint committee discussed and began working with CD policy staff to incorporate this information into a chapter in the Child Welfare Manual.*

## **Item 10: Other planned living arrangement**

(P1.10.1) – **Increase number and quality of resource families for older youth.** All benchmarks have been completed for this action step.

(P1.10.2) – **Increase awareness of Chafee program services to staff and community members.**

c. ILP staff provided Chafee informational meetings, seminars, workshops to CD Staff, foster parents, juvenile court and youth serving agencies. Ongoing *Various informational meetings have been provide to staff, youth, foster parents and other providers on the upcoming changes to the older youth program.*

**(P1.10.3) – Increase program accessibility to prove life skills training services for older youth.**

c. Consulted with SYAB members on needs of older youth. Ongoing *The State Youth Advisory Board has had regular input on the draft of the new protocol (the Adolescent FST Guide and Individualized Action Plan) and have had some training on how to facilitate their own FST meeting. SYAB members will lead their FST when we begin using the new tool across the state. The SYAB has also been asked to review the TLP and Chafee RFPs. Youth will be utilized as a team member on the evaluation teams for the TLP and Chafee RFPs.*

*During the Test Project (training and piloting the use of the new tool), specific youth have been identified to engage with in using the new tool, specifically those youth turning 14 during the Test Project.*

**(P1.10.4) – Increase older youth involvement in service planning and delivery.**

a. Convened older youth workgroup to evaluate current Chafee services provided to youth ages 14 and older. *Missouri has been working diligently to meet the needs of older youth in their foster care system. An executive decision was made to utilize private contractors and to take an in-depth look at current outcomes, policies, and practices. The first step was to identify a team to research and make recommendations to a program that is fiscally responsible, accountable and sustainable and meets the needs of the youth. This workgroup was convened and began meeting during November 2005.*

b. Recommendations for change provided by older youth workgroup. *See the attached recommendations report and revised Item Narrative.*

c. Developed draft policy and protocol to improve youth involvement, service planning and delivery for older youth. *This memorandum introduces the upcoming policy and practice changes to the Older Youth Program.*  
<http://www.dss.mo.gov/cd/info/memos/2006/cd0683.pdf>

d. Introduced Adolescent FST Guide and Individualized Action Plan protocol at the Missouri Juvenile Justice Association conference. *The State's Independent Living Coordinator presented information concerning the upcoming changes to the Older Youth Program at the annual Missouri Juvenile Justice Association conference. The Adolescent FST Guide and Individualized Action Plan (IAP) was introduced to various court personnel, including judges and juvenile officers. Attached is the FST Guide and IAP protocol.*

## **Permanency Outcome 2 - The continuity of family relationships and connections is preserved for children.**

**Item 11: Proximity of foster care placement.** *This item was found to be substantially achieved.*

### **Item 12: Placement of Siblings.**

**(P2.12.1) – Increase the number of siblings placed together.**

c. Circuit Managers monitored quarterly PRR results and improvement plans developed.

- *Circuit Manager and Supervisors have continuous meeting about the importance of keeping siblings together. Supervisors assist staff in initial placements to make sure siblings are being placed together when possible.*
- *In STARS and Spaulding training a consistent message to Foster and Adoptive families will emphasis the priority of CD is what is best for the children is for siblings to remain and be adopted together to ensure lifelong relationships and secure bonding and attachment.*
- *Investigators will actively pursue appropriate kinship placements for sibling groups.*
- *Staff have attended sibling placement training. They understand the importance of siblings being placed together and this training has raised awareness of this issue.*
- *Licensing representatives are included in all meetings to discuss the importance of recruitment of foster parents who will consider accepting sibling groups.*
- *Resource worker is working hard to recruit families that are willing to accept sibling groups.*
- *Sibling placement is monitored in all FST and PPRT Meetings. When a split is necessary due to need for child specific placements, FTSM is held to discuss the move and the plan to keep siblings visiting each other.*

**P2.12.2) – Develop an ongoing training module regarding sibling placements for staff, foster parents, and juvenile court staff.** *All benchmarks have been completed for this action step.*

**(P2.12.3) – Increase capacity for resource families that accept sibling groups.** *Refer to P1.6.5. All benchmarks have been completed for this action step.*

### **Item 13: Visiting with Parents and Siblings in foster care.**

**(P2.13.1) – Increase frequency and quality of parent/child and sibling visits.**

e. Circuit Managers monitor data regarding frequency of parent/child/sibling visits.

f. Circuit Managers assisted by the PET teams developed practice improvement plans using all available data for guidance.

*The Visitation training is posted on the division's Intranet site to assist staff in understanding the importance of visits and why visits matter. Regular face to face*

*contact with parents and caretakers allows staff to evaluate the safety and their ability to care for children. Sibling visitation is essential if children are not placed together. It preserves the sibling relationship, bond and family connection. It provides an opportunity for the siblings to support each other during their time of separation and helps lessen the trauma of the removal. Worker and child visitation with parents are crucial for reunification and every effort is made to have regular visits.*

*PET teams are available to meet with circuit staff to discuss any areas of concern. PET teams and Circuit Managers can use PRR date to monitor visits with parents and siblings. The use of checklists for worker/child, parental and placement providers are also available in case records for supervisory or manager reviews. Staff can review data for the PRR on a quarterly basis. The new Supervisory Case Review results are provided to regions on a monthly basis and circuit specific information are available quarterly.*

#### **Item 14: Preserving connections.**

*(P2.14.1) – **Increase emphasis on preserving familial and community connections for children in out of home care.** All benchmarks have been completed for this action step.*

*(P2.14.2) – **Improve diligent search for relatives/missing parents.** Refer to P1.6.2. All benchmarks have been completed for this action step.*

*(P2.14.3) – **Revise ICWA policy.** All benchmarks have been completed for this action step.*

#### **Item 15: Relative Placement.**

*(P2.15.1) – **Increase system capacity to accurately track placement kinship venter type.** Refer to P1.6.1. All benchmarks have been completed for this action step.*

*(P2.15.2) – **Improve diligent search for relatives/kinship resource families.** Refer to P1.6.2. All benchmarks have been completed for this action step.*

*(P2.15.3) – **Evaluate support and training provided for relative/kinship resource families.** Refer to P1.6.7.*

#### **Item 16: Relationship of child in care with parents.**

*(P2.16.1) – **Improve diligent search for non-custodial parent.** Refer to P1.6.2. All benchmarks have been completed for this action step.*

*(P2.16.2) – **Improve engagement of non-custodial parents in case planning by strengthening worker/supervisor skills in engaging families in the assessment, case planning and case plan review process. Increase parent, caregiver***

*(alternative care provider) and child involvement in case assessment, plan development and reassessment. Refer to S2.3.2. All benchmarks have been completed for this action step.*

## **Well Being Outcome 1 – Families have enhanced capacity to provide for children's needs**

### **Item 17: Needs and services of child, parents, and foster parents.**

*(WB1.17.1) – **Improve family assessment and case plan tools to better link service provision to the needs of the bio family identified in the initial and ongoing assessments.** Refer to S2.3.1. All benchmarks have been completed for this action step.*

*(WB1.17.2) – **Strengthen worker's skills in engaging families in the assessment, case planning and case plan review processes to increase parent, caregiver (alternative care provider) and child involvement in case assessment, plan development and reassessment.** Refer to S2.3.2. All benchmarks have been completed for this action step.*

*(WB1.17.3) – **Implementation of "Confirming Safe Environments" to reduce the risk for children in foster/kinship care to identify needs of child and providers.** Refer to S1.2.2. All benchmarks have been completed for this action step.*

### **Item 18: Child and family involvement in care planning**

*(WB1.18.1) – **Maximize parental/family participation in Family Support Team Meeting.** Refer to S2.3.2. All benchmarks have been completed for this action step.*

*(WB1.18.2) – **Improve the quality of Family Support Team Meeting.** Refer to P1.7.2. All benchmarks have been completed for this action step.*

*(WB1.18.3) – **Review and further develop a handbook, to be distributed at the point of removal, to educate parents on their rights and responsibilities, Court procedures, etc.***

*f. Policy distributed to all staff and supervisory oversight. A memo was disseminated to staff introducing the new Handbook for Parents of Children in Foster Care and policy regarding its use. <http://www.dss.mo.gov/cd/info/memos/2006/cd0681.pdf>.*

*g. Policy Incorporated into BASIC training. In Child Welfare Practice Basic Orientation, the parents rights handbook is discussed/ covered in Class 3 (Out of Home Care week.) It is covered again in Class 4- (Reinforcement/Evaluation week) of CWPT Basic when staff does the skills practice around the 24 hr FST meeting.*



**Item 19: Worker visits with Child – Improve quantity and quality**

(WB1.19.1) – **Develop policy addressing the quality of visits to incorporate case planning, service delivery and goal attainment.** All benchmarks have been completed for this action step.

WB1.19.2) – **Increase policy compliance for frequency of worker visits for intact and out-of-home cases.**

a. Achieved progress in caseload equalization by developing quarterly circuit workload reports. Ongoing

- Circuit maintains practice in monitoring caseload equalization through "End of the Month" reports that are submitted to the Circuit Manager by every work unit.
- Looking at equalization of caseloads by looking at workers and supervisor's monthly reports. Also using COA standards as their guidelines to try to equal out the caseload size.
- Supervisors meet at least quarterly to discuss work load and case assignment. A case listing of all cases assigned to each worker is provided to each supervisor and Circuit manager to review.
- Monthly staffing analysis is completed and case load assignment is constantly monitored on a dry erase board and cases adjusted and assigned accordingly.
- A caseload tool was devised and implemented. CSSI calculates quarterly for determining if adjustments need to be made to equalize load distribution.
- Workers are reporting their caseloads on a database. CM and supervisors discuss case loads during their consultations.

(WB1.19.3) – **Tracking system to track worker visits (date/site)** – All benchmarks have been completed for this action step.

**Item 20: Worker visit with parent(s)**

(WB1.20.1) – **Strengthen worker relationships with biological or adoptive parents.** All benchmarks have been completed for this action step.

(WB1.20.2) – **Refer to WB1.19.1, WB1.19.2 and WB1.19.3** – All benchmarks have been completed for this action step.

**Well Being Outcome 2 – Children receive services to meet their educational needs**

**Item 21: Children receive appropriate services to meet their educational needs**

WB2.21.1) – **Improve working relationship among Children's Division, Department of Elementary and Secondary Education (DESE) and local school districts.** All benchmarks have been completed for this action step.

(WB2.21.2) – **Improve the flow of educational records and reports when children transfer schools.** All benchmarks have been completed for this action step.

(WB2.21.3) – **Decrease the incidence of educational neglect, truancy and suspension of children in care.** All benchmarks have been completed for this action step.

(WB2.21.4) – **Decrease the incidence of educational neglect, truancy and suspension of children for intact families.** All benchmarks have been completed for this action step.

### **Well Being Outcome 3 – Children receive adequate services to meet their physical and mental health needs**

#### **Item 22: Physical health of the child**

(WB3.22.1) – **Increase ability of Children's Division staff and families to access available dental resources.** All benchmarks have been completed for this action step.

(WB3.22.2) – **Increase capacity of staff to assess medical needs of children in intact families.** All benchmarks have been completed for this action step.

#### **Item 23: Mental health need of the child**

(WB3.23.1) – **Increase the ability of Children's Division staff and families to access available mental health resources.** All benchmarks have been completed for this action step.

(WB3.23.2) – **Increase awareness of staff and foster parents regarding attachment and mental health issues.**

b. Increased the number of staff and foster parents trained on Working with the Explosive Child. Semi-annually. Two sessions of this training was held during the last six month by contracted trainers. The Kansas City training session was held on April 27, 2006 and the training in St. Louis was held on July 28, 2006. This training is designed to assist participants obtain knowledge and skills to recognize behaviors associated with difficult and explosive children. This training offers participants knowledge about children diagnosed with behavior disorders and the etiology of those disorders. Participants will gain knowledge in differentiating between behavior-disordered children and "normal" childhood behavior. Techniques and skills will be presented to the participants to work with parents to help them deal with their stress and frustrations, to increase their knowledge of the child's behaviors, and to learn new skills when parenting a difficult and/or explosive child.

c. Increased the number of staff and foster parents trained on Grief and Loss. Semi-annually. This workshop is designed to discuss the issues surrounding separation, loss,

and grief. The training addresses the various types of separation and loss with a focus on the process of grieving. Participants will also learn techniques and strategies to use when working with families experiencing separation, loss, and grief. One session was made available to staff and foster parents on July 7, 2006.

e. Incorporated attachment issues training in to on-going training. A mental health issue training module is available for foster parents as well as agency staff through the contracted training unit. A session was held on May 11-12, 2006. This two-day training focus is designed to provide the participants with a general understanding of attachment theory and the symptoms of attachment disorder. It will provide tools to aid in the assessment of risk for the children and family. Participants will learn several strategies when working with children and families with attachment problems.

In addition to this training, information regarding attachment issues are addressed In STARS foster parent training in:

- **STARS Pre-service:**
  - Session 3--Meeting Developmental Needs: Attachment (Also discusses lags in emotional/mental health of the child as it relates to development)
- **STARS In-service:**
  - Module 1--The Foundation for Meeting the Developmental Needs of Children at Risk--addresses issues around attachment
  - Module 5--Supporting Relationships between Children and Their Families--addresses attachment within 'shared parenting' issues.
- **Learning Guide for the Caregiver Who Knows the Child--**
  - In section on Child Development, information is provided on 'Conditions and Experiences that May Cause Developmental Delays and Affect Attachment'
  - In section on Health Care--Information is provided on Emotional Health.

(WB3.23.3) – **Increase capacity of staff to assess mental health needs of children in intact families.** There are no benchmarks due during Quarter 7 or have been completed for this action step.

### **Systemic Factors**

**Item 24: System can identify the status, demographic characteristics, location and goals of children in foster care.** This item was found to be substantially achieved.

**Item 25: Provides a process that ensures that each child has a written case plan to be developed jointly with the child's parent(s) that includes the required provisions**

(25.1) – **Improve family assessment and case plan tools to better link service provision to the needs of the family identified in the initial and ongoing assessments.** Refer to S2.3.1. All benchmarks have been completed for this action step.

(25.2) – **Strengthen worker/supervisor skills in engaging families in the assessment, case planning and case plan review process to increase parent caregiver (alternative care provider) and child involvement in case assessment , plan development and reassessment.** Refer to S2.3.2. All benchmarks have been completed for this action step.

(25.3) – **Improve supervisory capacity to monitor practice linking the assessment with the overall plan.** Refer to S2.3.3. All benchmarks have been completed for this action step.

(25.4) – **Maximize parental/family involvement in Family Support Team Meetings.** Refer to P1.6.2. All benchmarks have been completed for this action step.

(25.5) – **Improve staff facilitation skills for Family Support Team Meetings.**

d. Advanced FST skill application integrated into Advanced Family-Centered Service In-Service module. FST skills application has been integrated into the FCS In-Service module. See attached FCS objectives and training outline.

**Item 26: Process for 6-month case reviews**

(26.1) – **Revised current policy to clarify an Administrative Review and requirements.** All benchmarks have been completed for this action step.

(26.2) – **Recruit 3<sup>rd</sup> party participants for Administrative Reviews.** All benchmarks have been completed for this action step.

(26.3) – **Increase ability to track 6 month Administrative Reviews separately from FSTs.** All benchmarks have been completed in this action step.

**Item 27: Provides a process that ensures that each child in foster care under the supervision of the state has permanency hearing in a qualified court or administrative body no later than 12 months from the date the child entered foster care and no less frequently than every 12 months thereafter.**

(27.1) – **Improve access to legal representation for CD.** Refer to PI.9.4. All benchmarks have been completed in this action step

(27.2) – **Implement training to develop testifying skills for CD staff.** All benchmarks have been completed for this action step.

**(27.3) – Increase the timeliness of 12 month Permanency Hearings.** All benchmarks have been completed for this action step.

**(27.4) – Provide cross training to judiciary, court staff, GALs and Children’s Division staff on ASFA and Permanency Hearings consistent with state and federal regulations.** Refer to P1.7.4. All benchmarks have been completed for this action step.

**Item 28: Provides a process for termination of parental rights proceedings in accordance with provisions of ASFA.**

**(28.1) – Improve access to legal representation for CD.** Refer to P1.9.4. All benchmarks have been completed for this action step.

**(28.2) - Strengthen worker/supervisor skills in engaging families in the assessment, case planning and case plan review process to increase parent, caregiver(alternative care provider) and child involvement in case assessment, plan development and reassessment.** Refer to S2.3.2. All benchmarks have been completed for this action step.

**(28.3) – Termination of Parental rights will be filed in a timely manner, except when compelling reasons are documented.** Refer to P1.9.1. All benchmarks have been completed for this action step.

**(28.4) – Improve diligent search for relatives/parents.** Refer to P1.6.2. All benchmarks have been completed for this action step.

**(28.5) – Collaborate with OSCA to amend 211.227 RSMo to ensure consistency w/ASGA requirements regarding filing of TPR petitions w/in 60 days of a judicial determination that the child is an abandoned infant, or that no Reasonable efforts are required.** All benchmarks have been completed for this action step.

**Item 29: Provides a process for foster parents, re-adoptive parents, and relative caregivers of children in foster care to be notified of and have an opportunity to be heard in, any review or hearing held with respect to the child.**

**(29.1) – Increase ability of foster parents to be notified of and heard in court.** All benchmarks have been completed for this action step.

**Item 30: Standards to assure quality services and ensure children’s safety and health** - This item was found to be substantially achieved.

**Item 31: Identifiable QA system that evaluates the quality of services and improvements** - This item was found to be substantially achieved.

**Item 32: Provision of ongoing staff training that addresses the necessary skills and knowledge** - This item was found to be substantially achieved.

**Item 33: Ongoing training for staff**

(33.1) – **Develop supervisory training for front line supervisors.**  
*All benchmarks have been completed for this action step.*

(33.2) – **Develop advanced in-service training module for investigations and assessment.** *All benchmarks have been completed for this action step.*

(33.3) – **Develop advanced in-service training module for Family-Centered Services.**

h. Professional Development and Training implemented revised Family-Centered Services advanced in-service training statewide. *FST skills application has been integrated into the FCS In-Service module. See attached FCS objectives and training outline.*

(33.4) – **Develop advanced in-service training module for Family-Centered Out-of-Home Care Services.** *All benchmarks have been completed for this action step.*

(33.5) – **Enhanced On-The-Job (OJT) Training.**

i. Skills guide/list available for statewide use by supervisors. *The skills guide was made available to supervisors for use to assist new staff with OJT. The skills guide continued to receive feedback and revisions through November 2006. See attached Table of Content.*

(33.6) – **Create training advisory committee to annually assess needs and evaluate training.**

a. Professional Development and Training created state training advisory committee, including schools of social work.

b. Advisory committee developed a mission statement.

*The Training Advisory committee convened their first meeting on October 18, 2006. See the attached agenda, committee members listing and committee minutes.*

(33.7) – **Develop Child Abuse and Neglect Training (CA/N) Institute for CD staff.**  
*All benchmarks have been completed for this action step.*

(33.8) – **Provide training based on circuit specific needs.** *All benchmarks have been completed for this action step.*

**Item 34: Provision of training for caregivers and adoptive parents that addresses the necessary skills and knowledge.** *This item was found to be substantially achieved.*

**Item 35: Service array**

(35.1) – **Increase access and availability to dental services.** Refer to WB3.22.1. All benchmarks have been completed for this action step.

(35.2) – **Increase the ability of staff and families to access Alcohol and Drug Abuse Services (ADA).** All benchmarks have been completed for this action step.

(35.3) – **Increase availability of specialized foster homes for older youth, siblings, disabled and medically fragile children.** Refer to P1.6.5. All benchmarks have been completed for this action step.

(35.4) – **Increase availability of and access to parenting classes and family/parent aide services.** All benchmarks have been completed for this action step.

(35.5) – **Increase services to meet the needs of non-English speaking consumers.** All benchmarks have been completed for this action step.

(35.6) – **Increase availability of transportation services.** All benchmarks have been completed for this action step.

**Item 36: The services in item 35 are accessible to families and children in all political jurisdictions covered in the State's CFSP.** See Item 35 1-6. All benchmarks have been completed for this action step.

**Item 37: The services in item 35 can be individualized to meet the unique needs of children and families served by the agency.**

(37.1) – **Increase access to existing services.** See item 35 1-6. All benchmarks have been completed for this action step.

(37.2) – **Strengthen work/supervisor skills in engaging families in the assessment, case planning and case plan review process to increase parent, care giver (alternative care provider) and child involvement in case assessment, plan development and reassessment.** Refer to S2.3.2. All benchmarks have been completed for this action step.

**Item 38: Engages in ongoing consultation with critical stakeholders in developing the CFSP.** This item was found to be substantially achieved.

**Item 39: Develops annual progress reports in consultation with stakeholders.** This item was found to be substantially achieved.

**Item 40: Coordinates services with other federal programs.** This item was found to be substantially achieved.

**Item 41: *Standards for foster family and child care institutions.*** *This item was found to be substantially achieved.*

**Item 42: *Standards are applied equally to all foster family and child care institutions.*** *This item was found to be substantially achieved.*

**Item 43: *Conducts necessary criminal background checks.*** *This item was found to be substantially achieved.*

**Item 44: *Diligent recruitment of foster and adoptive families that reflect children's racial and ethnic diversity***

**(44.1) – *Increase the number of resource families.*** *Refer to P1.6.5. All benchmarks have been completed for this action step.*

**Item 45: *Uses cross jurisdictional resources to find placements.*** *This item was found to be substantially achieved.*





# **PROGRAM IMPROVEMENT PLAN**

## **QUARTER 8 PROGRESS REPORT**

**November 2006 – January 2007**

**SUBMISSION DATE:**

**March 1, 2007**

## Quarter 8 Accomplishments

The following is summary of activities completed during Quarter 8 (November 2006 to January 2007) of the Program Improvement Plan.

### **Safety Outcome 1: Children are, first and foremost, protected from abuse and neglect.**

#### **Item 1: *Timeliness of initiating investigations of reports of child maltreatment***

(S1.1.1) – ***Clarify policy regarding timeliness of initiating reports of child maltreatment.*** All benchmarks in this action step were met during Quarter 1.

(S1.1.2) – ***Increase accuracy of data regarding initial contact.***

d. Circuit Managers and the assisting QA Specialists monitor quarterly Peer Record results and make recommendations for improvements. Ongoing

- Using the SCRT to enhance clinical supervision has improved the consistency with practice among supervisors and workers.
- The PET Team met in January to discuss this issue: The Team felt there is no credit for attempts or there is a variety of other issues that might affect timeliness of initial contact. They plan to address these issues through the CQI Process.
- The Circuit manager reviewed results and distribute the forms to each worker's supervisor. The Supervisor documents any trend, concerns and strengths and addresses with workers.
- Continued to educate staff on the importance of timely initial contacts, re-evaluation of unit performance and speedy identification and resolution of problems impacting this area.
- Make sure worker makes multiple attempts with the 24 hour timeframe and pass on to night worker if not able to contact the family. Increase use of multidisciplinary team members. .
- Supervisors are meeting with their workers to sign the CPS-1 and any safety plans that may be made during an intervention in addition to meeting and staffing with their workers on a weekly basis.
- The CQI teams discuss the outcomes at quarterly meeting and seek ways to improve this outcome. The Circuit Manager reviews this data on the PRR and meets with the investigative supervisor bi-weekly to monitor progress on outcome measures and brainstorm for solutions where outcomes are not met.
- The investigative supervisor and QA Specialist look at the CA/N worker analysis that is sent out and the managed reporting information then compare that to the informational log that is kept by the supervisor to ensure accuracy of data.
- Placing worker on informal improvement plan where supervisor is contacted once initial child contact is made on each case assigned.
- Training the entire investigative unit in the area of time management and SDM tools to assist staff in better understanding the importance of timely contact aspect of their job.

- The process of reviewing records during the Peer Record Review Process has improved the collection of accurate data because we are now exchanging records with an objective, detached circuit. Co-workers within a circuit do not review each others' files but the peer component is still intact.

**(S1.1.3) – Study feasibility for alternative protocols for managing non CA/N referral.** All benchmarks in this action step have been met.

**(S1.1.4) – Develop improvement plan to respond timely to reports of maltreatment.** All benchmarks in this action step have been completed.

**(S1.1.5) – Call Management and Structured Decision Making (SDM) Protocols Implemented at the Child Abuse and Neglect Hotline Unit to provide consistent screening and classification of calls received.**

g. Collected and analyzed PRR tool results for practice enhancements. Ongoing  
There were 1448 peer record reviews completed at the Child Abuse and Neglect Hotline Unit for the 4th quarter of 2006, which is approximately 10% of the total CA/N reports taken at the hotline during the 4th quarter. The reviews were completed by approximately 45 Children's Service Workers at the hotline. The PRR results indicate an accuracy level of 99%, 98%, 99%, 98%, 96%, and 100% respectively on the six items measured on the PRR tool (see attachment), with an average accuracy level of 98.3 %. The 4th quarter outcomes confirm that hotline workers are consistently making call decisions/classifications at a very high accuracy level. The 4th quarter results showed improvement over the 3rd quarter on four of the six items that were measured (with the other two items remaining the same).

**(S1.1.6) – Revised policy relating to non CA/N referrals (M,P,N) given the division's need to better address its core functions and statutory mandates, with existing available resources.**

k. Continued to provide mandated reported training to MO Hospital and School Counselors Association. Two Mandated Reporters training was provided in November. Approximately 250 people from the Missouri School Counselors Associations attended the training on November 6<sup>th</sup>. Twenty-one hospital administrators attended the training on the 9<sup>th</sup>. See attached PowerPoint.

## **Item 2: Repeat maltreatment**

**(S1.2.1) – Ensure consistent and accurate completion of SDM safety and risk assessment.**

d. Evaluated SDM Peer Record Review Outcomes.

- This is checked by the supervisor when they sign at the 72 hour point and at closing. CA/N Supervisor reviews all assessment/investigations for accuracy and consistency of safety and risk on all cases prior to them being entered into the system.

- Outcomes are reviewed at staff meetings. Supervisors print out statistical logs and reviews/compare stats. Results are shared with workers. When Training needs are identified, the specific training is requested.
- Supervisors are meeting with workers on a weekly basis in order to staff their cases and plan for completion.
- Scanning and e-mailing the completed CPS-1As to roving supervisors who cannot make it to the county for several days.
- Investigator consults with the supervisor and circuit manager in any case the child is considered unsafe.
- Training on critical thinking was provided to supervisors and the circuit manager. The circuit manager met with staff to provide direction on how to complete behaviorally specific safety plans and continually stresses the importance of being specific on safety plans during monthly meetings.
- Continued compliance achieved through formal and informal training, on-going evaluation of performance and the timely resolution of problems as they arise.
- Staff attended additional training on the SDM tool to help them better understand the form and its usefulness.
- This item has been addressed repeatedly at unit meetings, circuit meetings, supervisory meetings and individual conferences. Circuit supervisors are developing a local protocol list for CA/N reports.
- The investigative supervisor has recently repeated instructions for completing assessments to make sure investigators are clear on the expectations of completing these assessments.
- Data Accuracy training continues to be given to new and existing staff to show importance of accurate information being input reflects outcomes and the importance of how outcomes reflects practice.

**(S1.2.2) – Implementation of Confirming Safe Environments (CSE)**

**Process.** All benchmarks in this action step have been completed.

**(S1.2.3) - Strengthen policy regarding assessment of safety at and throughout placement.** All benchmarks in this action step have been completed.

**(S1.2.4) – Practice Enhancement Teams (PET) assist Circuit Managers in development of improvement strategies to reduce repeat maltreatment and CA/N in foster care.** All benchmarks in this action step have been completed.

**(S1.2.5) – Strength policy and practice relating to chronic neglect and accumulation of harm.**

k. CD staff evaluated short term output of pilot effectiveness. See attached output information on the **Building Healthy Families** pilot.

**(S1.2.6) – Develop performance-based contract for foster parents.** All benchmarks in this action step have been completed.

**Safety Outcome 2: Children are safely maintained in their homes whenever possible and appropriate.**

**Item 3: Services to family to protect child(ren) in home and prevent removal**

**(S2.3.1) – Improve family assessment and case plan tools to better link service provision to the needs of family identified in the initial and ongoing assessments.** All benchmarks in this action step have been completed.

**(S2.3.2) – Strengthen worker/supervisor skills in engaging families in the assessment, case planning and case plan review process to increase parent, caregiver and child involvement.** All benchmarks in this action step have been completed.

**(S2.3.3) – Improve supervisory capacity to monitor enhanced practice relating to case planning.** All benchmarks in this action step have been completed.

**(S2.3.4) – Establish procedures to access various service funding streams.** All benchmarks in this action step have been completed.

**(S2.3.5) – Per new legislation, develop comprehensive children's mental health plan to increase level of cooperation between court, mental health, child welfare and families.** All benchmarks in this action step have been completed.

**Item 4: Risk of harm to child**

**(S2.4.1) – Ensure consistent and accurate completion of SDM safety and assessment.** Refer to S1.2.1. All benchmarks in this action step have been met.

**(S2.4.2) – Implementation of CSE process.** Refer to S1.2.2. All benchmarks in this action step have been met.

**(S2.4.3) – Implement enhance background screening for foster/adopt and court ordered providers.** All benchmarks in this action step have been met.

**(S2.4.4) – Development of “Culture of Care Initiative” for improving safety and nurturance of children in a residential care setting.**

f. measured through a reduction of the number of preponderance of evidence reports received by the residential treatment facilities. Ongoing - From October 1, 2006 through December 31, 2006 there were 4 Preponderance of Evidence reports on licensed residential treatment facilities.

**(S2.4.5) – Improve family assessment and case plan tools to better link service provision to the needs of the family identified in the initial and ongoing assessments; include a mechanism for family self-assessment and identified areas specifically related to child safety and risk concerns.** Refer to S2.3.1.

## **Permanency Outcome 1: Children have permanency and stability in their living situations.**

**Item 5: Foster care re-entries.** *This item was found to be substantially achieved.*

### **Item 6: Stability of foster care placement**

(P1.6.1) – **Increase system capacity to accurately track placement kinship vendor types.** *All benchmarks in this action step have been completed.*

(P1.6.2) – **Improve diligent search for relatives/missing parents.** *All benchmarks in this action step have been completed.*

(P1.6.3) – **Expand use of family support team meetings to promote stability in alternative care placements.** *All benchmarks in this action step have been completed.*

(P1.6.4) – **Identify resource family types and shortages.**

#### d. Circuits reported quarterly progress on recruitment activities. Quarterly

- *A monthly newsletter is sent to resource families which addresses the need for respite providers and asked for referrals from their friends;*
- *Flyers sent to all homes in area;*
- *Manned a display booth and answered questions about foster parenting at a fair church and other community events;*
- *Designed a float and entered into a Holiday parade;*
- *Holding informational meetings at the local library;*
- *Purchased bookmarks and pens to be handed out at local events;*
- *Provided information to and had an article published in a local paper about foster parenting during Christmas,*
- *Developing a power point presentation that could be taken to Civic groups or churches.*
- *Missouri foster parent, Amy Thompson, will be appearing on the Rachael Ray show in the near future (she was in New York taping the show Jan. 31<sup>st</sup>.) The Rachael Ray show was interested in Thompson's commitment to fostering/adopting. This popular show may provide encouragement to families to become foster parents.*

(P1.6.5) – **Increase number of resource families.**

g. Quarterly report on PBC contractors' performance. **Pending. We anticipate data from Research and Evaluation by March 5<sup>th</sup>.**

(P1.6.6) – **Increase placement stability by improving matching capabilities for children in out-of-home setting.**

e. Central Office staff analyzed Outcomes Reporting data to determine circuits needing additional supports to improve stability for children. *Central Office Planning and Performance Management staff analyzed stability data using the Child Welfare Outcomes report and identified three circuits for case review. Determining factors for*

*targeting circuits for review include current performance, performance during the past eight quarters and the number of children in custody in the circuit.*

f. Consulted with Regional Directors and QA Staff to finalize targeted circuits and conference calls scheduled with circuits identified as needing additional supports. *Regional Directors were notified of the renegotiated PIP requirement to conduct stability reviews during their monthly teleconference. Teleconferences were also held with the Regional Director and QA staff in the targeted circuits. A face to face meeting was scheduled for the QA staff to begin collaborating with the Quality Improvement (QI) staff. Central Office staff met with the QA and QI staff from the Southern Region on December 19<sup>th</sup> to discuss which circuits to target for review, the survey tool and how to sample cases.*

g. Scheduled targeted case reviews with circuits needing additional supports for purpose of developing circuit specific action plan. *A Case review was scheduled and conducted in the 30<sup>th</sup> circuit (Butler and Ripley Counties) on January 29<sup>th</sup> and 30<sup>th</sup>. A review was scheduled and conducted in the 36<sup>th</sup> circuit (Benton, Dallas, Hickory, Polk and Webster Counties) on January 31<sup>st</sup> and February 1<sup>st</sup>. The review for the 21<sup>st</sup> circuit (St. Louis County) was scheduled and conducted on February 15-16<sup>th</sup>.*

*Eighty-one cases, approximately 62 percent were reviewed in the 30<sup>th</sup> circuit. Eighty-three or approximately 76 percent of the cases were reviewed in the 36<sup>th</sup> circuit. A random sample of 100 cases was reviewed in the 21<sup>st</sup> circuit.*

h. Circuits provided monthly report to Central Office on strategies to improve placement instability, including convening a FST prior to move and support services to resource families. *See attached placement stability reports from the 21<sup>st</sup>, 30<sup>th</sup> and 36<sup>th</sup> circuits.*

**(P1.6.7) – Evaluate support and training provided for relative/kinship resource families.**

c. Based on curriculum modifications, training to began to be delivered to newly licensed relative/kinship providers. *Memorandum CD07-02 <http://www.dss.mo.gov/cd/info/memos/2007/cd0702.pdf> was disseminated on January 8, 2007 introducing the revised STARS "Learning Guide For The Caregiver Who Knows The Child" training manual and assessment tool. Electronic copies of the training manual was available to staff and contractors to begin using immediately. Hard copies of the bound manual were mailed to each circuit on January 27<sup>th</sup>.*

## **Item 7: Permanency goal for child**

**(P1.7.1) – Ensure the frequency and timeliness of FST Meetings occurs per policy.**

c. Circuit Managers assisted by PET monitored frequency data.

- PET Team met in January to discuss timeliness of the FST Meetings. Circuit Manager addressed the use of the tool provided by the Regional office to assure timely FST meetings with the Supervisors.

- A spreadsheet was developed for all supervisors to track all meetings to prevent overdues.
- Workers were asked to review their cases and calculate due dates for PPRs and schedule meetings to prevent overdues.
- Supervisors review monthly management reports and report any overdues to the Circuit Manger with reasons for the delays and a plan to resolve within the next 30 days.
- Supervisors are checking SS-61s (Alternative Care Tracking form) prior to supervisory conferences with staff to make sure the 61s have been updated.
- FSTs or PPRs are held every Wednesday and a rotation has been established with four community agencies to ensure a community representative attend every week.
- Workers are required to bring the SS-61 forms to each PPRT and the supervisor will approve or enter FST/PPR information into system the same day following the FST/PPR.
- Workers are encourages to schedule the PPRTs at least one month ahead of when they are due.
- Added the last PRR date to each worker's case listing to assist them track next review date.

**(P1.7.2) – *Improve quality of FSTs to ensure permanency goal is reviewed and established.*** All benchmarks in this action step have been completed.

**(P1.7.3) – *Strengthen policy and practice relating to concurrent planning.*** All benchmarks in this action step have been completed.

**(P1.7.4) – *Increase collaboration with courts by providing cross training to judiciary, court staff, GALs and CD staff on ASFA & permanency hearings consistent with state and federal regulations.*** All benchmarks in this action step have been completed.

#### **Item 8: *Reunification, guardianship, or permanent placement with relatives***

**(P1.8.1) – *Address permanency and service needs of children in Legal Status 2, 3, and 4.*** All benchmarks in this action step have been completed.

**(P1.8.2) – *Establish procedures to access various funding streams.*** Refer to S2.3.4. All benchmarks in this action step have been completed.

**(P1.8.3) – *Ensure frequency and timeliness of FST Meetings occurs per policy.*** Refer to P1.7.1. All benchmarks in this action step have been completed.

**(P1.8.4) – *Improve quality of FST to assure the review of permanency goal.*** Refer to P1.7.2.

**(P1.8.5) – *Increase collaboration with courts by providing cross training to new judiciary, court staff, CD staff and GAL's on ASFA and Permanency hearings***



***consistent with state and federal regulations. Refer to P1.7.4. All benchmarks in this action step have been completed.***

***(P1.8.6) – Increase collaboration with courts by providing cross training to judiciary, court staff, GAL's and CD staff regarding roles and responsibilities. All benchmarks in this action step have been completed.***

***(P1.8.7) – Collaborate with OSCA to explore barriers that would allow Juvenile Courts to enter temporary custody orders and transfer jurisdiction to Probate & Circuit Courts to expedite guardianship. All benchmarks have been completed for this action step.***

***(P1.8.8) – Determined policy remedy to be used in addition or in lieu of any legislative change referred in P1.8.7. Refer to P1.6.1. All benchmarks in this action step have been completed.***

### **Item 9: Adoption**

***(P1.9.1) – Termination of Parental Rights will be filed in a timely manner, except when compelling reasons are documented.***

#### **f. Quarterly monitoring by PRR.**

- Continue to use Family Support Teams to develop plan for TPR as appropriate. DLS is being used when needed.
- Adoption specialist hired in the circuit has improved this outcome by assisting case managers to work through TPR and adoption issues.
- DLS meets with each unit during their unit meetings to remind staff of the process to refer a case for TPR, additional follow-up will continue during Supervisor meetings.
- Subsidies and guardianships will continue being completed timely so that adoption and guardianship hearings do not have to be delayed.
- The Division will monitor this through FST's and follow-up with the DJO to ensure this is being completed timely.
- Improvements made due to new staff hired and an addition of new DJO liaison who attends PPRs on a consistent basis.
- Protocol established by circuit to require a staff between the JO and CD at the 11 ½ month mark to discuss primary and concurrent goals of the case.
- Continue to meet with juvenile office staff bi-monthly to assure that TPR is filed in a timely manner and cases are appropriately identified.
- Monthly with JO to review permanency plans for each child who is at or nearing the 12 month mark.
- QA specialist provide statistical data to Regional Director on a quarterly basis to show progress or lack of progress and the data is shared with CD staff and community partner to solicit input on improvement.

***(P1.9.2) – Increase number of resource families. Refer to P1.6.5.***

(P1.9.3) – ***Increase capacity to conduct home studies and finalize adoptions.*** All benchmarks have been completed for this action step.

(P1.9.4) – ***Improve access to legal representation for CD staff.***

e. CD legal representation at court hearings monitored by CD/DLS joint committee for improvement. DLS representation at court hearings is an ongoing discussion between DLS and CD. The joint committee did meet to discuss how to better provide DLS representation in more rural areas. DLS was able to hire another full time attorney and a half time contracted attorney. Interviews have taken place and the full time attorney will be based in Rolla and the half time position being based in West Plains.

#### **Item 10: Other planned living arrangement**

(P1.10.1) – ***Increase number and quality of resource families for older youth.*** All benchmarks in this action step have been completed.

(P1.10.2) – ***Increase awareness of Chafee program services to staff and community members.***

c. ILP staff provided Chafee informational meetings, seminars, workshops to CD Staff, foster parents, juvenile court and youth serving agencies. Presentations of changes to the Older Youth Program were made this quarter to community members in the 15<sup>th</sup> circuit; MO coalition of Children's Agencies; Council on Adolescent School Health; Homeless Adolescent Taskforce; SYAB and CD staff developed a flyer (see attached) to provide information about the Older Youth Program when youth met with State Legislators for Child Advocacy Day on January 30, 2007.

(P1.10.3) – ***Increase program accessibility to provide life skills training services for older youth.***

c. Consulted with SYAB members on needs of older youth. Youth continue to be informed and involved throughout the transition process to the enhanced Older Youth Program. The attached agenda from the SYAB meeting held in November provides information on youth's involvement in the community. SYAB member representation was requested for the TLP RFP evaluation held on January 3-4<sup>th</sup> and 29<sup>th</sup>, but no members attended. SYAB member representation was also requested for Chafee RFP evaluations to be held on March 15-16<sup>th</sup>.

(P1.10.4) ***Increase older youth involvement in service planning and delivery.***

e. Began training of policy and Adolescent FST Guide and Individualized Action Plan protocol in selected sites in the 15<sup>th</sup>, 22<sup>nd</sup> and 25<sup>th</sup> circuits.

f. Began conducting field tests of policy and protocol. Training began for the FST Guide in November for the pilot sites. The field tests for this new protocol began in December and will continue through the middle of March. After the completion of the field tests, a meeting will be held with the Older Youth Program Implementation Team to discuss issues with the protocol and ease of use. Necessary changes will be made based on the

feedback. See attached Test Project Proposal for the Adolescent FST Guide & Individualized Action Plan.

g. Conducted mid-point evaluation of test project through staff surveys. See attached survey results.

**Permanency Outcome 2 - The continuity of family relationships and connections is preserved for children.**

**Item 11: *Proximity of foster care placement.*** This item was found to be substantially achieved.

**Item 12: *Placement of Siblings.***

(P2.12.1) – ***Increase the number of siblings placed together.***

c. Circuit Managers monitored quarterly PRR results and improvement plans developed.

- Workers and the Juvenile Office staff attended a training which promoted the retention of siblings in the same placement.
- The resource unit is making an effort to educate people who inquire about becoming a foster parent on the subject of keeping siblings together.
- The resource worker discusses with case managers on a monthly basis how to get siblings into the same home based on information that may have come up at the FSTM.
- The importance of sibling placement is emphasized to staff and staff has attended Sibling Placement Training to continue to have this awareness in the forefront of their minds.
- A visits tracking spreadsheet was developed and implemented in August 2006 and results are discussed at the monthly managers meetings.
- Siblings are placed together unless there is a compelling reason for the separation and the Circuit and Field Support Managers are contacted for approval.
- A plan for ongoing visitation must be documented in the child record if siblings cannot be placed together.
- CA/N investigators actively pursue appropriate kinship placements for sibling groups and adoption unit focuses recruitment families for sibling groups.
- All children currently separated in the circuit have been brought to the attention of the supervisors and circuit manager and the case reviewed for sibling placement if not contrary to case plan.

P2.12.2) – ***Develop an ongoing training module regarding sibling placements for staff, foster parents, and juvenile court staff.*** All benchmarks in this action step have been met.

(P2.12.3) – ***Increase capacity for resource families that accept sibling groups.*** Refer to P1.6.5.

**Item 13: *Visiting with Parents and Siblings in foster care.***

(P2.13.1) – **Increase frequency and quality of parent/child and sibling visits.** All benchmarks in this action step have been completed.

**Item 14: Preserving connections.**

(P2.14.1) – **Increase emphasis on preserving familial and community connections for children in out of home care.** All benchmarks in this action step have been completed.

(P2.14.2) – **Improve diligent search for relatives/missing parents.** Refer to P1.6.2. All benchmarks in this action step have been completed.

(P2.14.3) – **Revise ICWA policy.** All benchmarks in this action step have been completed.

**Item 15: Relative Placement.**

(P2.15.1) – **Increase system capacity to accurately track placement kinship venter type.** Refer to P1.6.1. All benchmarks in this action step have been completed.

(P2.15.2) – **Improve diligent search for relatives/kinship resource families.** Refer to P1.6.2. All benchmarks in this action step have been completed.

(P2.15.3) – **Evaluate support and training provided for relative/kinship resource families.** Refer to P1.6.7.

**Item 16: Relationship of child in care with parents.**

(P2.16.1) – **Improve diligent search for non-custodial parent.** Refer to P1.6.2. All benchmarks in this action step have been completed.

(P2.16.2) – **Improve engagement of non-custodial parents in case planning by strengthening worker/supervisor skills in engaging families in the assessment, case planning and case plan review process. Increase parent, caregiver (alternative care provider) and child involvement in case assessment, plan development and reassessment.** Refer to S2.3.2. All benchmarks in this action step have been completed.

**Well Being Outcome 1 – Families have enhanced capacity to provide for children's needs**

**Item 17: Needs and services of child, parents, and foster parents.**

(WB1.17.1) – **Improve family assessment and case plan tools to better link service provision to the needs of the bio family identified in the initial and ongoing assessments.** Refer to S2.3.1. All benchmarks in this action step have been completed.

(WB1.17.2) – **Strengthen worker’s skills in engaging families in the assessment, case planning and case plan review processes to increase parent, caregiver (alternative care provider) and child involvement in case assessment, plan development and reassessment.** Refer to S2.3.2. All benchmarks in this action step have been completed.

(WB1.17.3) – **Implementation of “Confirming Safe Environments” to reduce the risk for children in foster/kinship care to identify needs of child and providers.** Refer to S1.2.2. All benchmarks in this action step have been completed.

#### **Item 18: Child and family involvement in care planning**

(WB1.18.1) – **Maximize parental/family participation in Family Support Team Meeting.** Refer to S2.3.2. All benchmarks in this action step have been completed.

(WB1.18.2) – **Improve the quality of Family Support Team Meeting.** Refer to P1.7.2. All benchmarks in this action step have been completed.

(WB1.18.3) – **Review and further develop a handbook, to be distributed at the point of removal, to educate parents on their rights and responsibilities, Court procedures, etc.** All benchmarks in this action step have been completed.

#### **Item 19: Worker visits with Child – Improve quantity and quality**

(WB1.19.1) – **Develop policy addressing the quality of visits to incorporate case planning, service delivery and goal attainment.** All benchmarks in this action step have been completed.

WB1.19.2) – **Increase policy compliance for frequency of worker visits for intact and out-of-home cases.**

##### a. Achieved progress in caseload equalization by developing quarterly circuit workload reports.

- All supervisors met and discussed case loads in January and the Circuit Manager developed a spreadsheet to be updated quarterly of all worker caseload numbers
- All Supervisors continue to address case loads at monthly unit meetings. All visitation forms are being turned into supervisors for review and monthly log is now being turned in to their supervisor with dates of the HV contact.
- The Investigative Supervisor assigns all cases. She requests a case load listing from all staff on a monthly basis.
- The Circuit Manager and the supervisors met with Field Support Staff and reviewed all caseloads and where workers were based. Adjustments made to caseloads must because of length of drive time to visit the child.
- Use the Caseload activity report to monitor caseload size and worker visits.
- Supervisors monitor the size and makeup of workloads through the use of a case reporting document.

- Improvements are credited to implementation of a worker activity log and outlook calendars for each worker as well as Time Management and Organization training provided in the past two months.
- Monthly caseload analysis is done to ensure caseload size equalization.
- Supervisor monitors the number of visits to consumer homes during weekly staff meetings with workers. Supervisor monitor that the correct forms are completed at the home visits.

(WB1.19.3) – ***Tracking system to track worker visits (date/site)*** – *All benchmarks in this action step have been completed.*

**Item 20: *Worker visit with parent(s)***

(WB1.20.1) – ***Strengthen worker relationships with biological or adoptive parents.*** *All benchmarks in this action step have been completed.*

(WB1.20.2) – ***Refer to WB1.19.1, WB1.19.2 and WB1.19.3***

**Well Being Outcome 2 – Children receive services to meet their educational needs**

**Item 21: *Children receive appropriate services to meet their educational needs***

(WB2.21.1) – ***Improve working relationship among Children’s Division, Department of Elementary and Secondary Education (DESE) and local school districts.*** *All benchmarks in this action step have been completed.*

(WB2.21.2) – ***Improve the flow of educational records and reports when children transfer schools.*** *All benchmarks in this action step have been completed.*

(WB2.21.3) – ***Decrease the incidence of educational neglect, truancy and suspension of children in care.*** *All benchmarks in this action step have been completed.*

(WB2.21.4) – ***Decrease the incidence of educational neglect, truancy and suspension of children for intact families.*** *All benchmarks in this action step have been completed.*

**Well Being Outcome 3 – Children receive adequate services to meet their physical and mental health needs**

**Item 22: *Physical health of the child***

(WB3.22.1) – ***Increase ability of Children’s Division staff and families to access available dental resources.*** *All benchmarks in this action step have been completed.*

(WB3.22.2) – ***Increase capacity of staff to assess medical needs of children in intact families.*** All benchmarks in this action step have been completed.

**Item 23: Mental health need of the child**

(WB3.23.1) – ***Increase the ability of Children's Division staff and families to access available mental health resources.*** All benchmarks in this action step have been completed.

(WB3.23.2) – ***Increase awareness of staff and foster parents regarding attachment and mental health issues.*** All benchmarks in this action step have been completed.

(WB3.23.3) – ***Increase capacity of staff to assess mental health needs of children in intact families.***

b Circuit Managers evaluated SCRT results and developed practice improvement strategies as needed. (See S2.3.3 a-f).

- Circuit Manager reviews SCRT results monthly and the supervisors utilize the local results during case consultations. Areas needing improvement are identified. Staff are provided additional training on areas needing improvement. Supervisory oversight continues to be a means for improvement.
- Review of the spreadsheets indicated areas needing improvements. Strategies such as providing feedback to the workers regarding specific case reviews and suggestions for improvement during worker/supervisor conferences, addressing the items needing improvement with all staff in Circuit meetings, so they can apply this to their own casework and working with staff in worker/supervisor conferences on how they can better plan for and complete visits with children and visits with parents – including the use of the Outlook calendar to make sure visits are scheduled on their calendars a month in advance were developed as a practice improvement.
- FCOOH Unit Supervisor conducts weekly training sessions at which attendance of all new workers is required. She accompanies new workers to court, reviews all written documents, case record narrative, forms, etc on a regular basis. The investigative supervisor has her new staff shadowing herself or experienced staff as they learn to conduct investigations or assessments. Requirements for data entry on FACES are followed and a rotation coverage plan has been implemented to allow staff desk time to complete data entry on a frequent and regular basis.
- Review completion rate is lower than desired and this has been the focus. Supervisors who have completed the required reviews have been recognized during monthly Supervisors' meetings.
- Circuit Managers have requested and are using assistance from the QA and QI Specialists in the on-going assessment of measures needing improvement.
- Circuit Manager and supervisors working with staff to get up to date on their case narrative recordings. Many of the activities are taking place but not recorded in the record.

- Circuit Manager reviews SCRT results monthly with supervisor who uses them in individual case consultations.
- Unit supervisors conduct weekly training for staff on areas needing improvement. These sessions are mandatory. Supervisor also accompanies new workers to court and have experience worker shadow the new workers.

## **Systemic Factors**

**Item 24: System can identify the status, demographic characteristics, location and goals of children in foster care.** *This item was found to be substantially achieved.*

**Item 25: Provides a process that ensures that each child has a written case plan to be developed jointly with the child's parent(s) that includes the required provisions**

**(25.1) – Improve family assessment and case plan tools to better link service provision to the needs of the family identified in the initial and ongoing assessments.** *Refer to S2.3.1. All benchmarks in this action step have been completed.*

**(25.2) – Strengthen worker/supervisor skills in engaging families in the assessment, case planning and case plan review process to increase parent caregiver (alternative care provider) and child involvement in case assessment , plan development and reassessment.** *Refer to S2.3.2. All benchmarks in this action step have been completed.*

**(25.3) – Improve supervisory capacity to monitor practice linking the assessment with the overall plan.** *Refer to S2.3.3. All benchmarks in this action step have been completed.*

**(25.4) – Maximize parental/family involvement in Family Support Team Meetings.** *Refer to P1.6.2. All benchmarks in this action step have been completed.*

**(25.5) – Improve staff facilitation skills for Family Support Team Meetings.** *All benchmarks in this action step have been completed.*

**Item 26: Process for 6-month case reviews**

**(26.1) – Revised current policy to clarify an Administrative Review and requirements.** *All benchmarks in this action step have been completed.*

**(26.2) – Recruit 3<sup>rd</sup> party participants for Administrative Reviews.** *All benchmarks in this action step have been completed.*

**(26.3) – Increase ability to track 6 month Administrative Reviews separately from FSTs.** *All benchmarks have been completed in this action step.*



**Item 27: Provides a process that ensures that each child in foster care under the supervision of the state has permanency hearing in a qualified court or administrative body no later than 12 months from the date the child entered foster care and no less frequently than every 12 months thereafter.**

**(27.1) – Improve access to legal representation for CD.** Refer to PI.9.4. All benchmarks have been completed in this action step

**(27.2) – Implement training to develop testifying skills for CD staff.** All benchmarks in this action step have been completed.

**(27.3) – Increase the timeliness of 12 month Permanency Hearings.** All benchmarks in this action step have been completed.

**(27.4) – Provide cross training to judiciary, court staff, GALs and Children’s Division staff on ASFA and Permanency Hearings consistent with state and federal regulations.** Refer to P1.7.4. All benchmarks in this action step have been completed

**Item 28: Provides a process for termination of parental rights proceedings in accordance with provisions of ASFA.**

**(28.1) – Improve access to legal representation for CD.** Refer to P1.9.4. All benchmarks in this action step have been completed

**(28.2) - Strengthen worker/supervisor skills in engaging families in the assessment, case planning and case plan review process to increase parent, caregiver(alternative care provider) and child involvement in case assessment, plan development and reassessment.** Refer to S2.3.2. All benchmarks in this action step have been completed.

**(28.3) – Termination of Parental rights will be filed in a timely manner, except when compelling reasons are documented.** Refer to P1.9.1. All benchmarks in this action step have been completed.

**(28.4) – Improve diligent search for relatives/parents.** Refer to P1.6.2. All benchmarks in this action step have been completed

**(28.5) – Collaborate with OSCA to amend 211.227 RSMo to ensure consistency w/ASGA requirements regarding filing of TPR petitions w/in 60 days of a judicial determination that the child is an abandoned infant, or that no Reasonable efforts are required.** All benchmarks in this action step have been completed.

**Item 29: Provides a process for foster parents, re-adoptive parents, and relative caregivers of children in foster care to be notified of and have an opportunity to be heard in, any review or hearing held with respect to the child.**

(29.1) – **Increase ability of foster parents to be notified of and heard in court.** All benchmarks in this action step have been completed.

**Item 30: Standards to assure quality services and ensure children's safety and health** - This item was found to be substantially achieved.

**Item 31: Identifiable QA system that evaluates the quality of services and improvements** - This item was found to be substantially achieved.

**Item 32: Provision of ongoing staff training that addresses the necessary skills and knowledge** - This item was found to be substantially achieved.

**Item 33: Ongoing training for staff**

(33.1) – **Develop supervisory training for front line supervisors.** All benchmarks in this action step have been completed.

(33.2) – **Develop advanced in-service training module for investigations and assessment.** All benchmarks in this action step have been completed.

(33.3) – **Develop advanced in-service training module for Family-Centered Services.** All benchmarks in this action step have been completed.

(33.4) – **Develop advanced in-service training module for Family-Centered Out-of-Home Care Services.** All benchmarks in this action step have been completed.

(33.5) – **Enhanced On-The-Job (OJT) Training.** All benchmarks in this action step have been completed.

(33.6) – **Create training advisory committee to annually assess needs and evaluate training.**

c. Advisory Committee developed a written plan for assessing training needs.

d. Advisory Committee developed a written plan for evaluating training needs.

e. Plan submitted to CD administrators for approval. The training advisory committee met in October 06. At that time, the committee developed a mission statement, reviewed and discussed the current ways in which training needs are assessed and how training is evaluated. The advisory committee felt that technical assistance from NRC would be very beneficial and would have a positive impact to the training and evaluation process. The committee was confident NRC could provide the needed structure and framework with appropriate measures and parameters.

While the group agreed that the current way of **assessing training needs** through review of patterns and trends in practice through sources (noted below), the committee agreed that more help was needed to enhance and formalize the process.

- **The Survey of Organizational Excellence**
- **Peer record reviews**

- **PDR results**
- **COA Circuit self-assessment of training needs**
- **CQI process**
- **Ongoing internal review of training curriculum to reflect current policy and**

*The advisory committee also discussed the current ways in which training was evaluated such as:*

- **Classroom evaluation of the training content and of the trainers by participants**
- **Evaluation of the participants by the trainers through skill practice observation and written feedback that is shared with supervisors for ongoing follow up through OJT activities**
- **Individual self- assessment and evaluation prior to, during and following Basic Orientation**

*The advisory committee agreed that while the current ways of assessing and evaluating training have merit, a more structured, comprehensive process was needed and NRC could better provide this type of assistance and framework than the committee.*

*The minutes of this meeting and a discussion to enhance this process was held between the Training Coordinator and Deputy Director. The Deputy Director was in agreement with this plan and request for technical assistance through NRC was made to the Region VII ACF office. A preliminary conference call with Susan Kanack from NRC was held during January 2007 and the subsequent has been scheduled for March 2007 to address how NRC will be provide the needed TA to the CD.*

**(33.7) – Develop Child Abuse and Neglect Training (CA/N) Institute for CD staff.** *All benchmarks in this action step have been completed.*

**(33.8) – Provide training based on circuit specific needs.** *All benchmarks in this action step have been completed.*

**Item 34: Provision of training for caregivers and adoptive parents that addresses the necessary skills and knowledge.** *This item was found to be substantially achieved.*

#### **Item 35: Service array**

**(35.1) – Increase access and availability to dental services.** *Refer to WB3.22.1. All benchmarks in this action step have been completed.*

**(35.2) – Increase the ability of staff and families to access Alcohol and Drug Abuse Services (ADA).** *All benchmarks in this action step have been completed.*

**(35.3) – Increase availability of specialized foster homes for older youth, siblings, disabled and medically fragile children.** *Refer to P1.6.5.*

(35.4) – **Increase availability of and access to parenting classes and family/parent aide services.** All benchmarks in this action step have been completed.

(35.5) – **Increase services to meet the needs of non-English speaking consumers.** All benchmarks in this action step have been completed.

(35.6) – **Increase availability of transportation services.** All benchmarks in this action step have been completed.

**Item 36: The services in item 35 are accessible to families and children in all political jurisdictions covered in the State's CFSP.** See Item 35 1-6.

**Item 37: The services in item 35 can be individualized to meet the unique needs of children and families served by the agency.**

(37.1) – **Increase access to existing services.** See item 35 1-6.

(37.2) – **Strengthen work/supervisor skills in engaging families in the assessment, case planning and case plan review process to increase parent, care giver (alternative care provider) and child involvement in case assessment, plan development and reassessment.** Refer to S2.3.2. All benchmarks in this action step have been completed.

**Item 38: Engages in ongoing consultation with critical stakeholders in developing the CFSP.** This item was found to be substantially achieved.

**Item 39: Develops annual progress reports in consultation with stakeholders.** This item was found to be substantially achieved.

**Item 40: Coordinates services with other federal programs.** This item was found to be substantially achieved.

**Item 41: Standards for foster family and child care institutions.** This item was found to be substantially achieved.

**Item 42: Standards are applied equally to all foster family and child care institutions.** This item was found to be substantially achieved.

**Item 43: Conducts necessary criminal background checks.** This item was found to be substantially achieved.

**Item 44: Diligent recruitment of foster and adoptive families that reflect children's racial and ethnic diversity**

(44.1) – **Increase the number of resource families.** Refer to P1.6.5.

**Item 45: Uses cross jurisdictional resources to find placements.** This item was found to be substantially achieved.

## Post PIP – Remaining six data measures

### Timeliness of initial contact – (Outcomes)

Current Performance per the *Outcomes Report* = **75.2%** Goal = 80.4%

For all investigations and family assessments, Missouri statutes require the child(ren) to be seen immediately in emergency situations and within 24 hours for non-emergency cases. Immediately is defined per policy as within 3 hours. For educational neglect reports, the victim must be seen within 72 hours. The expectation for change requires Circuit Managers to review measure #1 of the FY 07 Outcomes Report and develop an action plan for improvement for any circuit performing below the state goal. A recent review of conclude CA/Ns indicated performance may be improved by additional policy clarification and training, as well as a system edit which will simplify initial contact reporting, whether, made by a multi-disciplinary team member or a CD staff person. CD has begun addressing these changes.

### Family participated in the development and signed the service plan (PRR)

Current Performance per *PRR Results* = **74.3%** Goal = 75.3%

The Family-Centered approach is the division's philosophical base of child welfare practice. Parents and children will be given the opportunity for full inclusion in all phases of the assessment and service planning process. When the parents sign the plan, they convey their agreement to the goals and requirements of the plan. The expectation for change requires staff to make every effort to involve the family in the assessment and planning process are essential in developing a therapeutic relationship and in empowering parents to make the necessary changes. Circuit managers will work with staff to ensure that families are actively involved in the planning process. Service plans will be developed by focusing on the strengths and needs of the family and reviewed for signatures of family involvement.

### Services being provided to the family are adequate to meet their needs as identified in the assessment (PRR)

Current Performance per *PRR Results* = **86.8%** Goal = 89.9%

In Family-Centered techniques recognition is given that families are more likely to change when they are invested in a plan for change, rather than being asked to comply with the mandates of others. Family-Centered practice empowers the family and encourages self-sufficiency, while meeting the children's needs. Flexible funding is provided to facilitate meeting the needs of families, when they can not otherwise be obtained. Expectation for change necessitates the worker to initiate the family-centered practice by explaining the purpose of division's involvement, establishing rapport and treating the family with honesty and respect. Full inclusion will give parents and children an equal and active voice in identifying the issues and need for services. The supervisor is responsible for assuring the assessment is complete and discussing with the worker the best way to access needed resources.

### Worker visits with the family and caretakers at least one time per month (PRR)

Current Performance per *PRR Results* = **81.6%** Goal = 85.4%

CD policy expects staff to meet in the family's home one time per week during the first 30 days, but a minimum of one time per month. Ongoing case management after the initial 30 days requires a minimum of one home visit per month. This visit should not be included with any supervised visitation between parents and children that occur in the home. Expectation for change – To ensure the safety of children in foster care, it is imperative for staff to conduct visits with parents and placement providers. Circuit Managers will review PRR results for current circuit performance and develop a plan for improvement if their performance is below the state goal. The improvement plan will include strategies within the next 90 days for worker visits with the family and caretaker to take place at least one time per month and documented in the case record via the worker.

#### Child placed in close proximity to family (PRR)

Current Performance *per PRR Results* = **85.6%** Goal = 90.9%

CD strives to preserve and maintain family and community connections for all children and families served. For children in out-of-home care, diligent efforts are made to place the child and/or sibling group together with other relatives, maintain the child and/or sibling group in their own schools and communities and ensure close proximity to his/her parents when possible and appropriate. Placement of youth must be within a 50 mile radius of their family whenever possible. When making a placement of a youth into a residential treatment facility located 50 miles or more from the county of jurisdiction, the worker must document that an exhaustive local search was conducted and that the child's treatment needs may not be met within the 50 mile radius. In an effort to improve this outcome, Family Centered Out-of-Home supervisors and circuit managers will conduct administrative reviews in the next 60 days to evaluate whether all viable placement options have been explored and exhausted in efforts to place the child in the same community and within close proximity of their parents. Meeting the child's special needs will take priority over placement in proximity to the parent(s) when selecting a provider, if both standards cannot be satisfied.

#### Visitation plan in place to facilitate reunification (PRR)

Current Performance *per PRR Results* = **84.8%** Goal = 86.8%

Child visits with parents and siblings should occur within the first week of placement, and then weekly thereafter, when possible. The Visitation Plan developed through the FST process should include the frequency of the visits. It is recommended that a visit between a parent and child occur weekly or as frequently as possible in efforts to preserve the bond between a parent and child. It is the worker's responsibility to assure that the child is present for the visits and that a location is secured. The expectation for change will require circuit managers and supervisors to work with staff to ensure there is a visitation plan developed for each child or the visitation plan allows for visitation per policy. When visitation plans are not implemented and/or visits do not occur, the worker shall discuss such reasons with the supervisor. Visits should not be canceled or rescheduled because of unexpected problems with the worker's schedule; a backup plan should be in place. Visitation is not to be used as a reward or punishment for parent or child.

## Post PIP QTR – 2 – Remaining six data measures

### Family participated in the development and signed the service plan (PRR)

Current Performance *per PRR Results* = **81.4%** Goal = 75.3%

### Services being provided to the family are adequate to meet their needs as identified in the assessment (PRR)

Current Performance *per PRR Results* = **91.9%** Goal = 89.9%

### Worker visits with the family and caretakers at least one time per month (PRR)

Current Performance *per PRR Results* = **86.2%** Goal = 85.4%

### Child placed in close proximity to family (PRR)

Current Performance *per PRR Results* = **94.4%** Goal = 90.9%

### Visitation plan in place to facilitate reunification (PRR)

Current Performance *per PRR Results* = **89.9%** Goal = 86.8%

Missouri has met and exceeded the goals for the above PIP data indicators measured using the Peer Record Review (PRR) results. We have been able to meet all five as a result of the following:

- Providing and improving the overall developmental knowledge of the PRR process to staff through:
  - QA Specialists or other trained staff provide a PRR training before every review so reviewers understand what they are doing and why. This was particularly important for newer staff and staff from contracted agencies, so they fully understood the process and the need for thorough and accurate documentation.
  - Arranging for someone who is familiar with the PRR tool to be in the room to monitor the review so reviewers who may have questions can get the right information, making sure reviewers look everywhere in the record for the information instead of only where it is supposed to be kept and the reviewers are utilizing the directions for the tool as they review cases.
  - Any item marked out of compliance must have an explanation as to why.
- Additional emphasis and focus through an all staff memorandum from the Director on March 2, 2007, which provided a PIP status update. It included required information and activities for the data indicators that have not been met, and called for a concerted effort to focus on the six remaining PIP measures.
- The April CQI *In-Focus* newsletter followed the above-referenced memorandum and was disseminated electronically to staff on April 9, 2007; this highlighted four of the six areas still needing improvement to meet PIP goals including:

- ✓ Timely initiation of child contact;
  - ✓ The worker visits with the family at least one time per month;
  - ✓ The family participated in the development and signed the service plan; and,
  - ✓ There is a current visitation plan in place to facilitate reunification.
- A Leadership Conference was held in May, which required the attendance of all Regional Directors and Circuit Managers. One workshop attended by all specifically presented the data for the remaining six measures for each circuit. The interactive workshop required the attendees to look at their circuit specific data, evaluate their performance (whether they are doing well or need improvements) and strategize to develop specific action steps that they will employ with their staff when they return. Plans were submitted and implemented locally with the assistance and monitoring of our Quality Assurance and Quality Improvement Specialists.
  - Other activities which have led to our success in these five measures include:
    - QA Specialists continue to provide data accuracy training and refreshers to why data matters. This has reinforced the culture change within the agency which requires the use of local data in mapping strategies for performance improvement.
    - QI Manager working with circuits to prepare for the Council of Accreditation (COA) on-site reviews. Records are in much better order as the result of the work towards meeting COA standards.
    - A maturing CQI process is now in place throughout the state in which local CQI teams address the performance measures highlighted in the *In-Focus* and work together to implement plans for improvement.
    - Implementation of Supervisory Case Reviews (SCR), one of the action steps in the Child Welfare Supervision Strategic Plan. This case review process for improving the culture of supervision is designed to:
      - Address child safety and well-being.
      - Allow supervisors to examine if policies are followed and the quality of work performed by their workers and services provided to children and families. The supervisors, in turn, utilize this information during supervisory conferences in providing staff with enhanced clinical supervision.
      - Assist supervisors in identifying strengths and challenges of individual workers, which improves child welfare practice and outcomes.

We recognized that in pursuing culture change we must address the changing of day to day practice of front line supervisors and workers in the field. The changes that have been implemented will not affect change, if front-line practice does not change. That is our focus and the goal. We are also focusing attention on building a stronger infrastructure that supports changed practice through the availability and flexibility of



services, engagement and collaboration with stakeholders, and ongoing quality assurance and improvement processes. This continued commitment to practice change will assist us in meeting the data goal for the remaining PIP measure.

Timeliness of initial contact – (Outcomes)

Current Performance per the *Outcomes Report* = **76.4%** Goal = 80.4%

In addition to the activities indicated above, a review of concluded CA/Ns was conducted in early April 2007. The results indicated performance may be improved by additional policy clarification and FACES enhancements. These reviews determined staff may not have a clear understanding on how to document when the initial contact is made with the victim. A policy memorandum [CD07-41](#) disseminated to staff on July 27, 2007, clarified policy terminology and informed staff of the FACES enhancements. To view information regarding this memo, please click on the above link. As these changes are implemented, the division anticipates continued improvement in the timeliness of initial contact and assuring child safety.

## PIP PERFORMANCE DATA - February - April 2005

Outcome Report Measures*	PIP Item	FY 2004-4	FY 2005-1	FY 2005-2	PIP QTR -1 FY 2005-3	Q-1 Average Performance	Baseline	Goal	
# 1. Timeliness of initial child contact	1	74.6%	76.4%	79.1%	80.0%	77.5%	76.6%	80.4%	
# 3. Reduce reoccurrence of abuse (CA/N Recidivism)	2	6.2%	5.5%	4.5%	5.5%	5.5%	8.3%	NCANDS GOAL OF 7.4%	Based on quarterly Outcome report performance not NCANDS formula
#4. Reduce incidence of child abuse in foster care (Goal achieved)	2	0.68%	0.58%	0.56%	0.53%	0.59%	0.37%	0.57%	Passed
#10. Children returning home me by length of time till reunification	8	74.2%	73.3%	72.5%	65.6%	71.5%	59.8%	AFCARS GOAL OF 62.2%	Based on quarterly Outcome report performance not AFCARS formula
#11. Children existing DFS custody to adoption by length of time till adoption	9	39.7%	40.7%	37.7%	42.0%	39.8%	38.5%	32.0%	Passed
# 12. Children with timely completion of FSTM w/i 30 days and 6 months	26	64.8%	63.8%	62.1%	61.8%	63.1%	62.8%	69.0%	
#13A. Reduce the number of placements of children in foster care (Children in care less than 12 months)	6	74.6%	73.9%	73.2%	74.2%	74.0%	78.6%	AFCARS GOAL OF 80.5%	Based on quarterly Outcome report performance not AFCARS formula
# 17. Increase the number of children placed with relative providers (LS-1)	14	23.6%	23.8%	23.7%	24.1%	23.8%	23.3%	25.6%	
#17. Increase the number of children placed with relative providers (LS 1-4)	15	26.4%	27.0%	27.3%	28.1%	27.2%	25.9%	27.2%	
Peer Record Review Results**									
	PIP Item	CY 2004-2	CY 2004-3	CY 2004-4	PIP QTR -1 CY 2005-1	Q-1 Average Performance	Baseline	Goal	
III-3. The needs of the family/child are identified.	17	92.2%	91.1%	91.4%	90.3%	91.3%	91.0%	95.6%	
III-10. Rating for the overall quality of the comprehensive assessment.	17	81.7%	84.5%	82.9%	84.0%	83.2%	82.1%	86.2%	
IV-8. The family participated in the development and signed the service plan.	18	77.6%	78.1%	77.9%	77.1%	77.7%	74.1%	77.8%	
IV-13. Services being provided to the family are adequate to meet their needs as identified in the assessment.	4	91.2%	90.6%	90.1%	90.8%	90.7%	89.4%	90.3%	
IV-14. The worker visits with the family (caretakers) at least one time per month.	20	89.8%	84.7%	85.9%	86.6%	86.8%	85.3%	89.5%	
IV-15. Rating for the overall quality of the service plan and service delivery process.	3 17 25	80.8%	81.3%	79.3%	80.4%	80.4%	80.4%	84.4%	
V-1. Consideration was given to relatives or kin for placement.	14 15	86.5%	88.3%	84.9%	86.0%	86.4%	83.0%	87.2%	
V-3. The child is placed in close proximity to their family.	16	88.9%	91.5%	89.5%	89.8%	89.9%	91.0%	91.9%	
V-4. Siblings are placed together or there is ongoing visitation.	12	85.6%	83.8%	87.4%	90.4%	86.9%	85.6%	89.9%	

[illegible]

## PIP PERFORMANCE DATA - May - July 2005

Outcome Report Measures*	PIP Item	FY 2005-1	FY 2005-2	FY 2005-3	PIP QTR-2 FY 2005-4	Q-2 Average Performance	Baseline	Goal	
# 1. Timeliness of initial child contact	1	76.4%	79.1%	80.0%	81.9%	79.4%	76.6%	80.4%	
# 3. Reduce reoccurrence of abuse (CA/N Recidivism)	2	5.5%	4.5%	5.5%	4.9%	5.1%	8.3%	NCANDS GOAL OF 7.4%	Based on quarterly Outcome report performance not NCANDS formula
#4. Reduce incidence of child abuse in foster care (Goal achieved)	2	0.58%	0.56%	0.53%	0.44%	0.53%	0.37%	0.57%	Passed
#10. Children returning home me by length of time till reunification	8	73.3%	72.5%	65.6%	69.1%	70.2%	59.8%	AFCARS GOAL OF 62.2%	Based on quarterly Outcome report performance not AFCARS formula
#11. Children existing DFS custody to adoption by length of time till adoption	9	40.7%	37.7%	42.0%	36.8%	39.2%	38.5%	32.0%	Passed
# 12. Children with timely completion of FSTM w/i 30 days and 6 months	26	63.8%	62.1%	61.8%	61.4%	62.3%	62.8%	69.0%	
#13A. Reduce the number of placements of children in foster care (Children in care less than 12 months)	6	73.9%	73.2%	74.2%	74.5%	73.9%	78.6%	AFCARS GOAL OF 80.5%	Based on quarterly Outcome report performance not AFCARS formula
# 17. Increase the number of children placed with relative providers (LS-1)	14	23.8%	23.7%	24.1%	24.2%	24.0%	23.3%	25.6%	
#17. Increase the number of children placed with relative providers (LS 1-4)	15	27.0%	27.3%	28.1%	28.3%	27.7%	25.9%	27.2%	
Peer Record Review Results**									
	PIP Item	CY 2004-3	CY 2004-4	CY 2005-1	PIP QTR-2 CY 2005-2	Q-2 Average Performance	Baseline	Goal	
III-3. The needs of the family/child are identified.	17	91.1%	91.4%	90.3%	89.2%	90.5%	91.0%	95.6%	
III-10. Rating for the overall quality of the comprehensive assessment.	17	84.5%	82.9%	84.0%	80.7%	83.0%	82.1%	86.2%	
IV-8. The family participated in the development and signed the service plan.	18	78.1%	77.9%	77.1%	74.3%	76.9%	74.1%	77.8%	
IV-13. Services being provided to the family are adequate to meet their needs as identified in the assessment.	4	90.6%	90.1%	90.8%	91.0%	90.6%	89.4%	90.3%	
IV-14. The worker visits with the family (caretakers) at least one time per month.	20	84.7%	85.9%	86.6%	84.9%	85.6%	85.3%	89.5%	
IV-15. Rating for the overall quality of the service plan and service delivery process.	3 17 25	81.3%	79.3%	80.4%	79.2%	80.0%	80.4%	84.4%	
V-1. Consideration was given to relatives or kin for placement.	14 15	88.3%	84.9%	86.0%	84.6%	85.9%	83.0%	87.2%	
V-3. The child is placed in close proximity to their family.	16	91.5%	89.5%	89.8%	91.4%	90.5%	91.0%	91.9%	
V-4. Siblings are placed together or there is ongoing visitation.	12	83.8%	87.4%	90.4%	88.3%	87.6%	85.6%	89.9%	

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## PIP PERFORMANCE DATA - August - October 2005

Outcome Report Measures*	PIP Item	FY 2005-2	FY 2005-3	FY 2005-4	PIP QTR-3 FY 2006-1	Q-3 Average Performance	Baseline	Goal	
# 1. Timeliness of initial child contact	1	79.1%	80.0%	81.9%	81.5%	80.6%	76.6%	80.4%	
# 3. Reduce reoccurrence of abuse (CA/N Recidivism)	2	4.5%	5.5%	4.9%	4.8%	4.9%	8.3%	NCANDS GOAL OF 7.4%	Based on quarterly Outcome report performance not NCANDS formula
#4. Reduce incidence of child abuse in foster care (Goal achieved)	2	0.56%	0.53%	0.44%	0.30%	0.46%	0.37%	0.57%	Passed
#10. Children returning home me by length of time till reunification	8	72.5%	65.6%	69.1%	67.0%	68.5%	59.8%	AFCARS GOAL OF 62.2%	Based on quarterly Outcome report performance not AFCARS formula
#11. Children existing DFS custody to adoption by length of time till adoption	9	37.7%	42.0%	36.8%	39.5%	38.8%	38.5%	32.0%	Passed
# 12. Children with timely completion of FSTM w/i 30 days and 6 months	26	62.1%	61.8%	61.4%	53.3%	59.6%	62.8%	69.0%	
#13A. Reduce the number of placements of children in foster care (Children in care less than 12 months)	6	73.2%	74.2%	74.5%	76.2%	74.5%	78.6%	AFCARS GOAL OF 80.5%	Based on quarterly Outcome report performance not AFCARS formula
# 17. Increase the number of children placed with relative providers (LS-1)	14	23.7%	24.1%	24.2%	25.5%	24.4%	23.3%	25.6%	
#17. Increase the number of children placed with relative providers (LS 1-4)	15	27.3%	28.1%	28.3%	27.3%	27.8%	25.9%	27.2%	
Peer Record Review Results**	PIP Item	CY 2004-4	CY 2005-1	CY 2005-2	PIP QTR-3 CY 2005-3	Q-3 Average Performance	Baseline	Goal	
III-3. The needs of the family/child are identified.	17	91.4%	90.3%	89.2%	90.1%	90.2%	91.0%	95.6%	
III-10. Rating for the overall quality of the comprehensive assessment.	17	82.9%	84.0%	80.7%	80.6%	82.0%	82.1%	86.2%	
IV-8. The family participated in the development and signed the service plan.	18	77.9%	77.1%	74.3%	73.9%	75.8%	74.1%	77.8%	
IV-13. Services being provided to the family are adequate to meet their needs as identified in the assessment.	4	90.1%	90.8%	91.0%	88.4%	90.0%	89.4%	90.3%	
IV-14. The worker visits with the family (caretakers) at least one time per month.	20	85.9%	86.6%	84.9%	86.5%	86.0%	85.3%	89.5%	
IV-15. Rating for the overall quality of the service plan and service delivery process.	3 17 25	79.3%	80.4%	79.2%	77.5%	79.1%	80.4%	84.4%	
V-1. Consideration was given to relatives or kin for placement.	14 15	84.9%	86.0%	84.6%	82.6%	84.5%	83.0%	87.2%	
V-3. The child is placed in close proximity to their family.	16	89.5%	89.8%	91.4%	89.4%	90.0%	91.0%	91.9%	
V-4. Siblings are placed together or there is ongoing visitation.	12	87.4%	90.4%	88.3%	85.2%	87.9%	85.6%	89.9%	

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## PIP PERFORMANCE DATA - November 2005 - January 2006

Outcome Report Measures*	PIP Item	FY 2005-3	FY 2005-4	FY 2006-1	PIP QTR-4 FY 2006-2	Q-1 Average Performance	Q-2 Average Performance	Q-3 Average Performance	Q-4 Average Performance	Baseline	Goal	
# 1. Timeliness of initial child contact	1	80.0%	81.9%	81.5%	85.0%	77.5%	79.4%	80.6%	82.0%	76.6%	80.4%	
# 3. Reduce reoccurrence of abuse (CA/N Recidivism) 6.1%	2	5.5%	4.9%	4.8%	5.1%	5.5%	5.1%	4.9%	5.1%	8.3%	NCANDS GOAL OF 7.4%	Based on quarterly Outcome report performance not NCANDS formula
#4. Reduce incidence of child abuse in foster care (Goal achieved) .57%	2	0.53%	0.44%	0.31%	0.31%	0.59%	0.53%	0.46%	0.40%	0.37%	0.57%	Passed
#10. Children returning home by length of time till reunification 76.2%	8	65.6%	69.1%	67.3%	71.4%	71.5%	70.2%	68.5%	68.2%	59.8%	AFCARS GOAL OF 62.2%	Based on quarterly Outcome report performance not AFCARS formula
#11. Children exiting CD custody to adoption by length of time till adoption 32%	9	42.0%	36.8%	42.8%	40.5%	39.8%	39.2%	39.7%	40.6%	38.5%	32.0%	Passed
# 12. Children with timely completion of FSTM w/i 30 days and 6 months	26	61.8%	61.4%	53.5%	47.2%	63.1%	62.3%	59.7%	56.0%	62.8%	69.0%	
#13A. Reduce the number of placements of children in foster care (Children in care less than 12 months) 86.7%	6	74.2%	74.5%	75.8%	75.1%	74.0%	73.9%	74.4%	74.9%	78.6%	AFCARS GOAL OF 80.5%	Based on quarterly Outcome report performance not AFCARS formula
# 17. Increase the number of children placed with relative providers (LS-1)	14	24.1%	24.2%	25.7%	25.8%	23.8%	24.0%	24.4%	25.0%	23.3%	25.6%	
#17. Increase the number of children placed with relative providers (LS 1-4)	15	28.1%	28.3%	27.7%	27.7%	27.2%	27.7%	27.9%	28.0%	25.9%	27.2%	
Peer Record Review Results**	PIP Item	CY 2005-1	CY 2005-2	PIP QTR-3 CY 2005-3	PIP QTR-4 CY 2006-2	Q-1 Average Performance	Q-2 Average Performance	Q-3 Average Performance	Q-4 Average Performance	Baseline	Goal	
III-3. The needs of the family/child are identified.	17	90.3%	89.2%	90.1%	88.7%	91.3%	90.5%	90.2%	89.6%	91.0%	95.6%	
III-10. Rating for the overall quality of the comprehensive assessment.	17	84.0%	80.7%	80.6%	78.5%	83.2%	83.0%	82.0%	80.9%	82.1%	86.2%	
IV-8. The family participated in the development and signed the service plan.	18	77.1%	74.3%	73.9%	73.8%	77.7%	76.9%	75.8%	74.8%	74.1%	77.8%	



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## PIP PERFORMANCE DATA - February - April 2006

Outcome Report Measures*	PIP Item	FY 2005-4	FY 2006-1	PIP QTR-4 FY 2006-2	PIP QTR-5 FY 2006-3	Q-1 Average Performance	Q-2 Average Performance	Q-3 Average Performance	Q-4 Average Performance	Q-5 Average Performance	Baseline	Goal	
# 1. Timeliness of initial child contact	1	81.9%	81.3%	84.5%	84.4%	77.5%	79.4%	80.6%	81.9%	83.0%	76.6%	80.4%	
# 3. Reduce reoccurrence of abuse (CA/N Recidivism) 6.1%	2	4.9%	4.8%	5.0%	4.4%	5.5%	5.1%	4.9%	5.0%	4.8%	8.3%	7.4%	Based on quarterly Outcome report performance not NCANDS formula
#4. Reduce incidence of child abuse in foster care (Goal achieved) .57%	2	0.44%	0.45%	0.42%	0.39%	0.59%	0.53%	0.49%	0.46%	0.43%	0.37%	0.57%	Passed
#10. Children returning home by length of time till reunification 76.2%	8	69.1%	68.0%	71.5%	68.1%	71.5%	70.2%	68.7%	68.5%	69.1%	59.8%	62.2%	Based on quarterly Outcome report performance not AFCARS formula
#11. Children exiting CD custody to adoption by length of time till adoption 32%	9	36.8%	41.7%	38.2%	47.5%	39.8%	39.2%	39.5%	39.7%	40.6%	38.5%	32.0%	Passed
# 12. Children with timely completion of FSTM w/i 30 days and 6 months	26	61.4%	53.9%	48.0%	68.4%	63.1%	62.3%	59.8%	56.3%	57.8%	62.8%	69.0%	
#13A. Reduce the number of placements of children in foster care (Children in care less than 12 months) 86.7%	6	74.5%	76.0%	75.1%	77.5%	74.0%	73.9%	74.5%	75.0%	75.8%	78.6%	80.5%	Based on quarterly Outcome report performance not AFCARS formula
#14 Reduce re-entry into foster care 8.6%		7.9%	9.3%	9.1%	10.6%	10.9%	10.4%	9.9%	9.8%	10.0%		8.6%	
#17. Increase the number of children placed with relative providers (LS 1-4)	15	28.3%	26.9%	27.1%	27.1%	27.2%	27.7%	27.7%	27.6%	27.4%	25.9%	27.2%	
Peer Record Review Results**	PIP Item	CY 2005-2	PIP QTR-3 CY 2005-3	PIP QTR-4 CY 2005-4	PIP QTR-5 CY 2006-1	Q-1 Average Performance	Q-2 Average Performance	Q-3 Average Performance	Q-4 Average Performance	Q-5 Average Performance	Baseline	Goal	
IV-8. The family participated in the development and signed the service plan.	18 25	74.3%	73.9%	73.8%	72.6%	77.7%	76.9%	75.8%	74.8%	73.7%	74.1%	77.8%	
IV-13. Services being provided to the family are adequate to meet their needs as identified in the assessment.	3 17	91.0%	88.4%	88.1%	86.6%	90.7%	90.6%	90.0%	89.5%	88.5%	89.4%	90.3%	
IV-14. The worker visits with the family (caretakers) at least one time per month.	20	84.9%	86.5%	84.4%	84.4%	86.8%	85.6%	86.0%	85.6%	85.1%	85.3%	89.5%	



## PIP PERFORMANCE DATA - May - July 2006

Outcome Report Measures*	PIP Item	PIP QTR-4 FY 2006-1	PIP QTR-4 FY 2006-2	PIP QTR-5 FY 2006-3	PIP QTR-6 FY 2006-4	Q-2 Average Performance	Q-3 Average Performance	Q-4 Average Performance	Q-5 Average Performance	Q-6 Average Performance	Baseline	Goal	
# 1. Timeliness of initial child contact	1	81.3%	84.5%	84.4%	80.7%	79.4%	80.6%	81.9%	83.0%	82.9%	76.6%	80.4%	
# 3. Reduce reoccurrence of abuse (CA/N Recidivism) 6.1%	2	4.8%	5.0%	4.4%	3.9%	5.1%	4.9%	5.1%	4.8%	4.6%	8.3%	7.4%	Based on quarterly Outcome report performance not NCANDS formula
#4. Reduce incidence of child abuse in foster care (Goal achieved) .57%	2	0.53%	0.56%	0.60%	0.47%	0.53%	0.51%	0.51%	0.53%	0.54%	0.37%	0.57%	Passed
#10. Children returning home by length of time till reunification 76.2%	8	68.0%	71.6%	68.1%	71.7%	70.2%	68.7%	68.6%	69.1%	69.7%	59.8%	62.2%	Based on quarterly Outcome report performance not AFCARS formula
#11. Children exiting CD custody to adoption by length of time till adoption 32%	9	41.8%	38.6%	48.0%	39.7%	39.2%	39.5%	39.8%	41.1%	41.8%	38.5%	32.0%	Passed
# 12. Children with timely completion of FSTM w/i 30 days and 6 months	26	53.8%	48.0%	68.6%	74.8%	62.3%	59.7%	56.3%	57.9%	61.0%	62.8%	69.0%	
#13A. Reduce the number of placements of children in foster care (Children in care less than 12 months) 86.7%	6	75.9%	75.1%	77.3%	78.4%	73.9%	74.5%	74.9%	75.7%	76.6%	78.6%	80.5%	Based on quarterly Outcome report performance not AFCARS formula
#14 Reduce re-entry into foster care 8.6%		9.3%	9.1%	10.5%	8.9%	10.4%	9.9%	9.9%	10.0%	9.4%		8.6%	
#17. Increase the number of children placed with relative providers (LS 1-4)	15	26.9%	27.1%	27.1%	28.7%	27.7%	27.7%	27.6%	27.4%	Achieved	25.9%	27.2%	
Peer Record Review Results**	PIP Item	PIP QTR-3 CY 2005-3	PIP QTR-4 CY 2005-4	PIP QTR-5 CY 2006-1	PIP QTR-6 CY 2006-2	Q-2 Average Performance	Q-3 Average Performance	Q-4 Average Performance	Q-5 Average Performance	Q-6 Average Performance	Baseline	Goal	
IV-8. The family participated in the development and signed the service plan.	18 25	73.9%	73.8%	72.6%	78.1%	76.9%	75.8%	74.8%	73.7%	74.6%	74.1%	77.8%	
IV-13. Services being provided to the family are adequate to meet their needs as identified in the assessment.	3 17	88.4%	88.1%	86.6%	88.9%	90.6%	90.0%	89.5%	88.5%	88.0%	89.4%	90.3%	
IV-14. The worker visits with the family (caretakers) at least one time per month.	20	86.5%	84.4%	84.4%	81.4%	85.6%	86.0%	85.6%	85.1%	84.2%	85.3%	89.5%	

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## PIP PERFORMANCE DATA - August - October 2006

Outcome Report Measures*	PIP Item	PIP QTR-4 FY 2006-2	PIP QTR-5 FY 2006-3	PIP QTR-6 FY 2006-4	PIP QTR-7 FY 2007-1	Q-3 Average Performance	Q-4 Average Performance	Q-5 Average Performance	Q-6 Average Performance	Q-7 Average Performance	Baseline	Goal	
# 1. Timeliness of initial child contact	1	84.5%	84.4%	80.7%	77.4%	80.6%	81.9%	83.0%	82.9%	82.2%	76.6%	80.4%	
# 3. Reduce reoccurrence of abuse (CA/N Recidisvism) 6.1%	2	5.0%	4.4%	3.9%	4.7%	4.9%	5.1%	4.8%	4.6%	4.5%	8.3%	7.4%	Based on quarterly Outcome report performance not NCANDS formula
#4. Reduce incidence of child abuse in foster care (Goal achieved) .57%	2	0.56%	0.60%	0.47%	0.26%	0.51%	0.51%	0.53%	0.54%	0.47%	0.37%	0.57%	Passed
#10. Children returning home by length of time till reunification 76.2%	8	71.6%	68.1%	71.7%	68.1%	68.7%	68.6%	69.1%	69.7%	69.8%	59.8%	62.2%	Based on quarterly Outcome report performance not AFCARS formula
#11. Children exiting CD custody to adoption by length of time till adoption 32%	9	38.6%	48.0%	39.7%	41.8%	39.5%	39.8%	41.1%	41.8%	41.8%	38.5%	32.0%	Passed
# 12. Children with timely completion of FSTM w/i 30 days and 6 months	26	48.0%	68.6%	74.8%	64.5%	59.7%	56.3%	57.9%	61.0%	63.8%	62.8%	69.0%	
#13A. Reduce the number of placements of children in foster care (Children in care less than 12 months) 86.7%	6	75.1%	77.3%	78.4%	78.5%	74.5%	74.9%	75.7%	76.6%	77.3%	78.6%	80.5%	Based on quarterly Outcome report performance not AFCARS formula
#14 Reduce re-entry into foster care 8.6%		9.1%	10.5%	8.9%	9.6%	9.9%	9.9%	10.0%	9.4%	9.5%		8.6%	
Peer Record Review Results**	PIP Item	PIP QTR-4 CY 2005-4	PIP QTR-5 CY 2006-1	PIP QTR-6 CY 2006-2	PIP QTR-7 CFY 2006-3	Q-3 Average Performance	Q-4 Average Performance	Q-5 Average Performance	Q-6 Average Performance	Q-7 Average Performance	Baseline	Goal	
IV-8. The family participated in the development and signed the service plan.	18 25	73.8%	72.6%	78.1%	78.7%	75.8%	74.8%	73.7%	74.6%	75.8%	74.1%	77.8%	
IV-13. Services being provided to the family are adequate to meet their needs as identified in the assessment.	3 17	88.1%	86.6%	88.9%	90.0%	90.0%	89.5%	88.5%	88.0%	88.4%	89.4%	90.3%	
IV-14. The worker visits with the family (caretakers) at least one time per month.	20	84.4%	84.4%	81.4%	80.8%	86.0%	85.6%	85.1%	84.2%	82.8%	85.3%	89.5%	

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## PIP PERFORMANCE DATA - November 2006 - January 2007 (Update)

Outcome Report Measures*	PIP Item	PIP QTR-1 FY 2005-3	PIP QTR-2 FY 2005-4	PIP QTR-3 FY 2006-1	PIP QTR-4 FY 2006-2	PIP QTR-5 FY 2006-3	PIP QTR-6 FY 2006-4	PIP QTR-7 FY 2007-1	PIP QTR-8 FY 2007-2	Baseline	Goal	
# 1. Timeliness of initial child contact	1	80.0%	81.9%	81.3%	84.5%	84.4%	80.7%	72.0%	73.4%	76.6%	80.4%	
# 3. Reduce reoccurrence of abuse (CA/N Recidivism) 6.1%	2	5.5%	4.9%	4.8%	5.0%	4.4%	3.9%	4.9%	4.2%	8.3%	NCANDS GOAL OF 7.4%	Based on quarterly Outcome report performance not NCANDS formula
#4. Reduce incidence of child abuse in foster care (Goal achieved) .57%	2	0.53%	0.44%	0.53%	0.56%	0.60%	0.47%	0.27%	0.19%	0.37%	0.57%	Passed
#10. Children returning home by length of time till reunification 76.2%	8	65.6%	69.1%	68.0%	71.6%	68.1%	71.7%	69.2%	70.1%	59.8%	AFCARS GOAL OF 62.2%	Based on quarterly Outcome report performance not AFCARS formula
#11. Children exiting CD custody to adoption by length of time till adoption 32%	9	42.0%	36.8%	41.8%	38.6%	48.0%	39.7%	41.7%	45.1%	38.5%	32.0%	Passed
# 12. Children with timely completion of FSTM w/i 30 days and 6 months	26	61.8%	61.4%	53.8%	48.0%	68.6%	74.8%	69.4%	69.9%	62.8%	69.0%	
#13A. Reduce the number of placements of children in foster care (Children in care less than 12 months) 86.7%	6	74.2%	74.5%	75.9%	75.1%	77.3%	78.4%	78.3%	78.9%	78.6%	AFCARS GOAL OF 80.5%	Based on quarterly Outcome report performance not AFCARS formula
#14 Reduce re-entry into foster care 8.6%		13.1%	7.9%	9.3%	9.1%	10.5%	8.9%	9.6%	8.0%		8.6%	
Peer Record Review Results**	PIP Item	PIP QTR-1 CY 2005-1	PIP QTR-1 CY 2005-2	PIP QTR-3 CY 2005-3	PIP QTR-4 CY 2005-4	PIP QTR-5 CY 2006-1	PIP QTR-6 CY 2006-2	PIP QTR-7 CFY 2006-3	PIP QTR-8 CFY 2006-4	Baseline	Goal	
IV-8. The family participated in the development and signed the service plan.	18 25	77.1%	74.3%	73.9%	73.8%	72.6%	78.1%	78.7%	71.1%	73.8%	75.3%	
IV-13. Services being provided to the family are adequate to meet their needs as identified in the assessment.	3 17	90.8%	91.0%	88.4%	88.1%	86.6%	88.9%	90.0%	88.2%	88.1%	89.9%	
IV-14. The worker visits with the family (caretakers) at least one time per month.	20	86.6%	84.9%	86.5%	84.4%	84.4%	81.4%	80.8%	78.0%	84.4%	85.2%	
Peer Record Review Results**	PIP Item	PIP QTR-1 CY 2005-1	PIP QTR-1 CY 2005-2	PIP QTR-3 CY 2005-3	PIP QTR-4 CY 2005-4	PIP QTR-5 CY 2006-1	PIP QTR-6 CY 2006-2	PIP QTR-7 CFY 2006-3	PIP QTR-8 CFY 2006-4	Baseline	Goal	



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## PIP PERFORMANCE DATA - February - April 2007

Outcome Report Measures*												
	PIP Item	PIP QTR-1 FY 2005-3	PIP QTR-2 FY 2005-4	PIP QTR-3 FY 2006-1	PIP QTR-4 FY 2006-2	PIP QTR-5 FY 2006-3	PIP QTR-6 FY 2006-4	PIP QTR-7 FY 2007-1	PIP QTR-8 FY 2007-2	Post PIP FY 2007-3	Baseline	Goal
# 1. Timeliness of initial child contact	1	80.0%	81.9%	81.3%	84.5%	84.4%	80.7%	71.9%	73.3%	75.2%	76.6%	80.4%
Peer Record Review Results**												
	PIP Item	PIP QTR-1 CY 2005-1	PIP QTR-1 CY 2005-2	PIP QTR-3 CY 2005-3	PIP QTR-4 CY 2005-4	PIP QTR-5 CY 2006-1	PIP QTR-6 CY 2006-2	PIP QTR-7 CFY 2006-3	PIP QTR-8 CFY 2006-4	Post PIP CFY 2007-1	Baseline	Goal
IV-8. The family participated in the development and signed the service plan.	18 25	77.1%	74.3%	73.9%	73.8%	72.6%	78.1%	78.7%	71.1%	74.3%	73.8%	75.3%
IV-13. Services being provided to the family are adequate to meet their needs as identified in the assessment.	3 17	90.8%	91.0%	88.4%	88.1%	86.6%	88.9%	90.0%	88.2%	86.8%	88.1%	89.9%
IV-14. The worker visits with the family (caretakers) at least one time per month.	20	86.6%	84.9%	86.5%	84.4%	84.4%	81.4%	80.8%	78.0%	81.6%	84.4%	85.2%
V-3. The child is placed in close proximity to their family.	16	89.8%	91.4%	89.4%	90.0%	88.4%	88.1%	88.7%	88.9%	85.6%	90.0%	90.9%
V-13. There is a current visitation plan in place to facilitate reunification.	13	82.9%	85.5%	84.7%	85.1%	84.9%	87.7%	87.7%	82.5%	84.8%	85.1%	86.8%
*Quarterly Outcome Reports are captured by state fiscal year.												
** Quarterly Peer Record Review Results are reported by calendar year.												
Red = Performing below the baseline												
Green = Performing above baseline												
Purple = Performance exceeds goal												

[illegible]